



CONTACT INFORMATION & PREFERENCES

Please complete this form and return it to your Rictor Contracting representative. This information will help us provide the best possible experience for you and anyone else living in your household. Thank you!

Project address

Address _____ City _____ State _____

Primary contact

Name _____

Home Phone _____

Work Phone _____

Mobile Phone _____

Email Address _____

My preferred method of contact (circle one):

Home Phone

Work Phone

Mobile Phone

Text

Email

Best time(s) to contact (days and/or times): _____

Please do not call or text me before _____ a.m. or after _____ p.m. on weekdays.

May we contact you on Saturdays and Sundays with important questions or updates? Yes No

Secondary contact/spouse/partner

Name _____

Relation to primary contact _____

Home Phone _____

Work Phone _____

Mobile Phone _____

Email Address _____

My preferred method of contact (circle one):

Home Phone

Work Phone

Mobile Phone

Text

Email

Please do not contact

Best time(s) to contact (days and/or times): _____

Please do not call or text me before _____ a.m. or after _____ p.m. on weekdays.

May we contact you on Saturdays and Sundays with important questions or updates? Yes No

Other information

Do you have pets in the house workers should be aware of? Yes No

If yes, please list type of pets and number of each: _____

Do you have a home alarm system? Yes No