

Staying in Place
PO Box 1324
Woodstock, NY 12498
(845) 514 4891
stayinginplace@gmail.com

Service Provider Form

Name: _____

Company: _____

Address: _____

Phone: _____ Cellphone: _____

Fax: _____ E-mail: _____

Hours: _____ Days of week: _____

Geographic area: _____

Services (please include what you do not do): _____

Are you insured? ____ Yes ____ No; Are you licensed? ____ Yes ____ No

Rates: _____ Discount offered to SIP Members: _____

References:

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Return this form to the above address.