

Todays Date: _____

**Cumberland Public Safety
Communications Division
1379 Diamond Hill Rd
Cumberland RI 02864**

Solicitor Registration Form

Please fill in all the information and return to dispatch.

Company Name:	
Address:	
Rep // Mgr. Name:	Business Phone:
Area Working: - _____ _____ _____	
Start Date:	End Date:

Employee Name:	Date of Birth	Lic # and State

Vehicle Make	Registration	State	Color

1. Must return this form in person. 2. Must attach a photocopy of all employees listed.

3. Must attach a photocopy of the registration for listed vehicles.