

CEASE AND DESIST QUESTIONNAIRE
September 14, 2016

1. Have you received any requests to sell your home in the past year? Yes
 No
2. If so, approximately how many have you received? _____ (Insert Number)
3. How frequently do you receive these requests?
 Daily
 More than weekly
 Weekly
 Other (Please Specify)
_____ x per _____
4. What types of requests have you received? (Check all that Apply)
 Mail
 Email
 Phone Calls
 Personal Visits
 Other (Please Specify)

5. Have any of the requests been from the same company or agent? Yes
 No

Signature

Print Name:

Print Address:



Department
of State