

Eagle Eye Surveillance

John R. Salazar

(505) 315-8678

INVESTIGATION REQUEST

NO. _____

PRIVILEGED AND CONFIDENTIAL

This document contains confidential information, which may also be legally privileged and which is intended for the use of the individual or entity named above. If the reader of the document is not an actual employee of the above named entity, you are hereby on notice that you are in possession of confidential and privileged information and any dissemination, distribution, or copying of this document is strictly prohibited.

Subject / Target

First Name _____
 Last Name _____
 Address 1 _____
 City _____
 State _____
 Zip _____
 Address 2 _____
 City _____
 State _____
 Zip _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____
 Pager _____
 Other/Type _____

Subject / Target Description

Sex Male Female
 Age _____
 DOB _____
 Height _____
 Weight _____
 Hair Color _____
 Eye Color _____
 Glasses: Yes No
 Facial Hair: _____
 Distinguishing Marks _____
 Other Characteristics _____
 Ethnicity / Race _____
 Photo Available? Yes No

Family

Marital Status: _____
 Spouse Name: _____
 Significant Other Name: _____
 Children: _____

Records

SSN: _____ - _____ - _____
 Driver's License State _____ # _____
 Vehicle Info:
 Year _____ Make _____ Model _____

Current Employment

Occupation _____
 Employer _____
 Employer Address _____
 City _____
 State _____
 Zip _____
 Employer Phone _____
 Date Started _____
 Supervisor/Manager Name _____

Medical

Dr.'s Name _____
 City _____
 State _____
 Zip _____
 Dr.'s Phone _____
 Known Pending Appointment(s):
 Date: _____ with Dr. _____

Legal

W/C Claim # _____
 Is this case currently in litigation?
 Yes No
 If yes, please provide attorney names:
 For Plaintiff/Claimant: _____
 For Defendant/Respondent: _____
 Case Type:
 Metro State Federal
 Case # _____
 Has this case been previously investigated?
 Yes No
 Is a copy of a report available?
 Yes No

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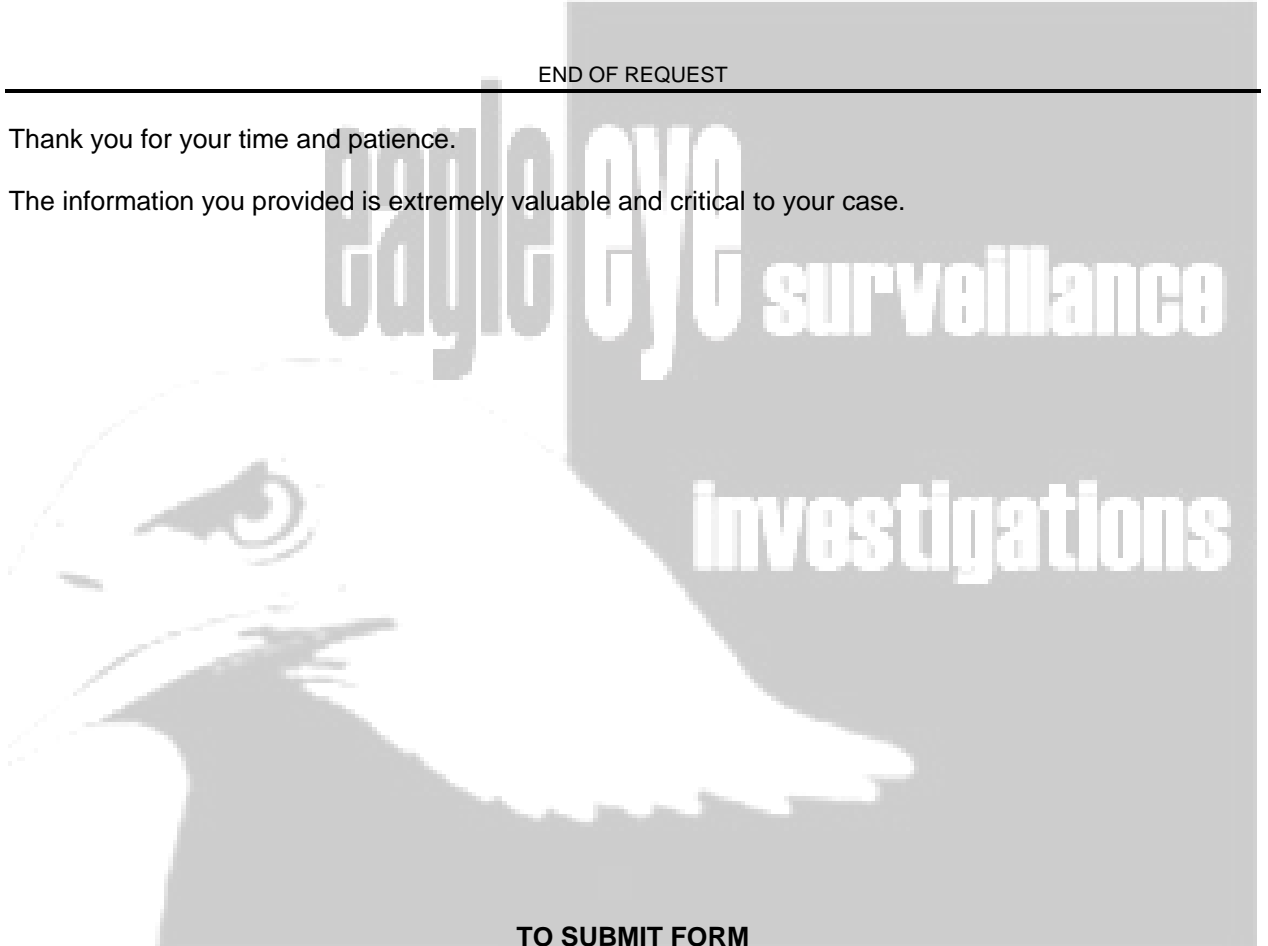
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Other Pertinent Information:

END OF REQUEST

Thank you for your time and patience.

The information you provided is extremely valuable and critical to your case.



TO SUBMIT FORM

Please complete form and submit via fax.

Please call (505) 315-8678 to alert our office of fax transmission and to obtain fax number.

Our office will contact you within 24 hours of receipt to discuss this case.

QUESTIONS?

Feel free to call (505) 315-8678 if you have any questions or concerns regarding this matter.