

Tristar ▲ Investigation

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Client Name

Payment Com- Yes

Secure?

H Phone () —

Secure?

Cell () —

Address

City

State

Zip

Retainer \$ _____

Payment method

Secure?

FAX ()

Surveillance Request Form

Subject:

First

(M)

Last

Address

Apt #

City

State

Zip

Male

Photo available? _____

Phone () —

Female

Age :

Photo In?

Height

Weight

Eyes

Hair Color

Hair Style

Vehicle Make

Model

Year / Color _____

Plate #

Type of Building

Parking

of Exits

Street / Area Description

Start Date

Start Time

End Time

Other Dates

Start Location

Driving habits

Places subject might go to

Can client call sub if lost?

Info on co-subject?

Additional:

www.tristarpi.com

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