

# Baechler Investigative Services

Corporate Mailing Address: Post Office Box 19727

San Diego, California 92159

Toll Free (800) 726-9401 FAX (619) 464-5651 CA License PI13019

## REQUEST FOR INVESTIGATION

Date Assigned: \_\_\_\_\_ Due Date: \_\_\_\_\_ Assigned By \_\_\_\_\_ email \_\_\_\_\_ @ \_\_\_\_\_

Company /Firm \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Ext. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Attorney/Law Office \_\_\_\_\_ Phone( \_\_\_\_\_ ) \_\_\_\_\_ Ext. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**TYPE OF INVESTIGATION REQUESTED:** Claim or File NUMBER \_\_\_\_\_

**Surveillance:** Number of Days Requested \_\_\_\_\_  **Background Check**  **Pre-employment Screening**

**Asset search** -  Include bank accounts -  Include Stocks/Securities  **Locate** -  Witness  For Process Service

**Collision Scene analysis**  **Internal Investigation**  **Arson**  **Photography**  **Difficult Process Service**

**Other** (Please Specify) \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Point of Contact \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Ext: \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_ Cell or 2<sup>nd</sup> phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

**Person of interest:** \_\_\_\_\_ Alias(s) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell or 2<sup>nd</sup> phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

BirthDate \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_

Vehicle (Make/model/color/license #) \_\_\_\_\_

Description: Ht: \_\_\_\_\_ Wt \_\_\_\_\_ Race \_\_\_\_\_ Hair \_\_\_\_\_ length/style \_\_\_\_\_ Eyes \_\_\_\_\_ Eyeglasses  Yes  No

Investigation Specifics: \_\_\_\_\_

**PLEASE FAX OR EMAIL THIS FORM ALONG WITH ANY DOCUMENTATION, WHICH WOULD BE HELPFUL TO THE INVESTIGATION.  
FAX (619) 464-5651. EMAIL admin@investigative.**

BIS OFFICE USE:

Date Received \_\_\_\_\_ By \_\_\_\_\_ Case # \_\_\_\_\_ Area \_\_\_\_\_