



Client Information

Client: _____ Date: _____

Address: _____ Telephone we can Call: _____

_____ How do you want to be Contacted: _____

Email: _____

Have you tried investigating this case on your own: Y _____ N _____

If yes, please explain:

When do you want the surveillance to take place: _____

Where will the surveillance start: _____

SUBJECT INFORMATION

Subject: _____

Address: _____ Telephone we can Call: _____

AGE: _____ Sex: _____ Height: _____ Weight: _____ Glasses: _____

Race: _____ Hair color & Style: _____

Work: _____ Occupation: _____

EPIS

Empire Pacific Investigative Svcs. Inc.



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Address: _____ Telephone: _____

Vehicle Description:

Make & Model: _____

Color: _____ License Plate #: _____

Is vehicle parked in a secure lot, or is it accessible to the public? _____

What is the subject's general itinerary: _____

Please list some of the places the subject likes to frequent:

Business Name & Address, Places, Bars, Coffee Shops, ETC: _____

Does the subject carry a weapon? Y _____ N _____ If yes please explain: _____

**** Please e-mail photos of the subject to our office:
epis0007@gmail.com

Thank you for your Business!