

# Hover View Investigations

28233 Agoura Road, Unit D  
Agoura Hills, CA 91301  
Website: www.hvinvestigations.com

P.I. License No. 24184  
Telephone: (818) 707-0400  
Telephone: (323) 466-4837  
Fax: (818) 851-9526

## INVESTIGATION REQUEST

Firm: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Court: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Case No.: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Case Title: \_\_\_\_\_  
Ext./Direct Line: \_\_\_\_\_ Fax # \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Claim/File No.: \_\_\_\_\_  
Attention: \_\_\_\_\_ Date of Loss: \_\_\_\_\_

### PLEASE NOTE ANY SPECIFIC OR TIMELY FILING OR SERVICE REQUIREMENTS

Please check the services required:

#### SEARCHES

Asset - Basic  
 Asset - Extensive  
 Asset - Specific Requests  
 Asset/Liability - Basic  
 Asset/Liability - Extensive  
 Subrogation - Locate/Asset  
 Locate - Basic Skip Trace  
 Locate - Extensive Skip Trace

Locate - Due Diligence  
 Employment Search  
 Pre-Employment Background  
 Background Investigation  
 National Public Records  
 Public Records Retrieval

#### OTHER SERVICES

Electronic Debugging  
 Event Security  
 Executive Protection  
 Security Consulting  
 Security Surveys & Audits  
 Security - All Locations  
 Surveillance - Activity Check  
 AOE/COE

Photography/Videography  
 Statements & Interviews  
 Insurance Claim Investigation  
 Undercover Operations  
 Trademark Protection  
 International Investigations  
 Process Service/Messenger Service  
 Mobile Document Photocopy

TYPE:  Individual  Business

## SUBJECT OF REQUEST

Full Name: \_\_\_\_\_ Spouse: \_\_\_\_\_  
AKA's: \_\_\_\_\_ Date of Birth: Subject: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Check if Known:  Corp  Partnership  DBA  
Last-Known Residence: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Last-Known Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Employed By: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security Nos.: Subject: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Spouse: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Driver's License Nos.: Subject: State \_\_\_\_\_ # \_\_\_\_\_ Spouse: State \_\_\_\_\_ # \_\_\_\_\_  
Business Tax ID No.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach copies of credit application, police report, or any other pertinent information. Remember, the more information we possess, the greater the probability of our success. Provide spousal information when available.

***All investigations conducted by a licensed private investigator.  
Do not exceed \$\_\_\_\_\_ without further authorization.***