

Para-Sceptic

Request Form

Investigation Request Document

Paranormal Investigation Request Form

CLIENT INFORMATION			
Full Name :		Full Name :	
Phone No :		Phone No :	

This must be the owner/tenant of the location written above.

INVESTIGATION LOCATION			
Home/Flat/ Business/ Other :		Own or Rent the location :	

PROHIBITED USE ITEMS			
Any areas off limits during the investigation :		Any safety issues at the location I should be aware off :	

INVESTIGATION AUTHORIZATION

I AUTHORIZE & GRANT PERMISSION TO THE INVESTIGATOR/RESEARCHER PUBLICLY NAMED "PARA-SCEPTIC" TO CONDUCT A PARANORMAL INVESTIGATION AT THE PROPERTY "INVESTIGATION LOCATION" DURING PARA-SCEPTICS INVESTIGATION HE DOES HAVE FULL ACCESS OF ALL FACILITY, UTILITY'S & ANY EQUIPMENT ON THE PROPERTY WITH THE EXCEPTION OF "PROHIBITED USE ITEMS" PARA-SCEPTIC RELEASES THE OWNER/TENANT FROM LIABILITY FOR ANY INJURY'S AND/OR DAMAGES THAT MIGHT OCCUR DURING THE COURSE OF SET-UP, CONDUCT & SECURING THE AUTHORISED INVESTIGATIVE ACTIVITY.

CONFIDENTIAL AGREEMENT

THE INVESTIGATOR/RESEARCHER KNOWN AS "PARA-SCEPTIC" WILL PROTECT THE CONFIDENTIALITY OF ALL INFORMATION INCLUDING SPECIFIC LOCATION DETAILS, SPECIFICS OF THE PARANORMAL ACTIVITY, PERSONAL INFORMATION ABOUT THE CLIENT AND ANY OTHER INFORMATION THAT IS ASKED TO KEEP QUIET.

BY AGREEING TO THIS FORM ALL EVIDENCE/RESULTS (PHOTOGRAPH, VIDEO, AUDIO) CAPTURED SHALL NOT BE SHARED WITH THE GENERAL PUBLIC OR ANY PARANORMAL GROUP/INVESTIGATOR UNLESS GIVEN PERMISSION.

BY SIGNING BELOW BOTH THE INVESTIGATOR & THE CLIENT AGREE ALL THE TERMS LISTED ABOVE AND IF THE INVESTIGATION IS AGREED BY ALL PARTIES THEN THE INFORMATION ABOUT THE PARANORMAL ACTIVITY THE CLIENT IS EXPERIENCING CAN BE EXPLAINED IN PRIVATE.

Please send your completed form to parasceptic@gmail.com

PARA-SCEPTIC :
THE CLIENT :

DATE :
DATE :