

Paranormal Anomaly Search Team Investigation Request Form

How you hear of the Paranormal Anomaly Search Team: _____

Physical address of location: _____
Street City State Zip

Name of requestor: _____
Phone Email

Owner of residence: _____
Phone Email

History of location

(date built, previous occupants, battles or other confrontations near location, other paranormal phenomenon, etc.)

Description of any paranormal activity

Number of occupants at location: _____

Names, gender, and age of occupants:

- | | | | | | | | |
|------------------|-------------------------------|---------------------------------|--------------|-------------------|-------------------------------|---------------------------------|--------------|
| 1. _____
Name | Male <input type="checkbox"/> | Female <input type="checkbox"/> | _____
Age | 2. _____
Name | Male <input type="checkbox"/> | Female <input type="checkbox"/> | _____
Age |
| 3. _____
Name | Male <input type="checkbox"/> | Female <input type="checkbox"/> | _____
Age | 4. _____
Name | Male <input type="checkbox"/> | Female <input type="checkbox"/> | _____
Age |
| 5. _____
Name | Male <input type="checkbox"/> | Female <input type="checkbox"/> | _____
Age | 6. _____
Name | Male <input type="checkbox"/> | Female <input type="checkbox"/> | _____
Age |
| 7. _____
Name | Male <input type="checkbox"/> | Female <input type="checkbox"/> | _____
Age | 8. _____
Name | Male <input type="checkbox"/> | Female <input type="checkbox"/> | _____
Age |
| 9. _____
Name | Male <input type="checkbox"/> | Female <input type="checkbox"/> | _____
Age | 10. _____
Name | Male <input type="checkbox"/> | Female <input type="checkbox"/> | _____
Age |

How long have occupants lived at this location? _____

Have any of the occupants encountered any of the following (mark all that apply)

Voices (if yes explain)

Smells/odors (if yes explain)

Shadows (if yes explain)

Orbs

Smoky Forms

Strong random thoughts

Cold or hot spots (if yes explain)

Recent death of a loved one (if yes give info)

Recent anniversary of loved one's death, birthday, anniversary, etc

Conversations with spirit (if yes explain)

Door (s) opening/closing Moving/disappearing objects

Electrical disturbances (frequent light burnouts etc.)

Puberty of family member or emotional stress of adolescents in area

Renovations of location (if yes explain)

Problems with appliances

TV/Radio/stereo

Computer

Clock/clock radio

Microwave

Other

Are there any accounts of paranormal phenomena occurring at occupant's previous residence? If so explain

Any hoaxing involved with occupant or family member? If yes explain

Thank you for your request. We will contact you within the next 48 hours.

