

REQUEST FOR SERVICE

Today's date: _____ Claim #: _____

Requestor: _____ Attorney: _____

Direct telephone: _____ E-mail: _____

(Check type of service)

Copy documents
Skiptrace
Surveillance

Service of Process
Photograph scene
Legal research

Witness interview
Recorded statement
Locate/Contact

Other (describe) _____

Subject name: _____ D.O.B.: _____

Address: _____ Apt #: _____

City/State/Zip: _____ Telephone: _____

D.O.L.: _____ Accident Location: _____

Special Instructions: _____

Return by: **Hand delivery** **Mail** **Fax or E-mail:** _____

Fed Ex (check one)

RGP Attorney Services

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