



Go Green!

Surveillance Investigation Services

1077 Silas Deane Highway #171 Wethersfield, CT 06109

Phone: 860.436.4636

Fax: 860.516.1547

Email: info@InvestigateThem.com

www.InvestigateThem.com

2014 Errors /Omissions Statement

CLIENT INFORMATION:

The information provided below is for the sole purpose of verifying your identity to protect against fraud and to comply with legal or regulatory requirements. All information provided to us is considered "Personal and Confidential" and will not be shared. All information highlighted in yellow must be completely filled out.

Name: _____

Physical Address-City/state/zip: _____

Phone: (____) _____ **Cell Phone:** (____) _____

Acceptable IDs include:

- Driver's Licenses
- State photo identity cards issued by DMV, Department of Public Safety (or equivalent)
- U.S. Military ID
- U.S. passport
- Permanent Resident Card
- Border Crossing Card
- An airline or airport-issued ID (if issued under a TSA-approved security plan)
- A foreign government-issued passport
- Municipal Utility ID (not expired)
- Transportation Worker Identification Credential
- Temporary Resident Identification Card
- Foreign passports
- Foreign Military ID/ State-issued identification documents
- Consular identification (CID) cards

Place Proof of identification here and scan



SUBJECT INFORMATION:

Name: _____ AKA'S: _____

Last known Physical Address-City/state/zip: (if unknown provide what information you know about the subject) _____

Date of Birth: ____/____/____ Possible Birth year(s): _____

Landline Phone: (____) _____ Cell Phone: (____) _____

Read very carefully! S.I.S. Surveillance Investigation Services, LLC, hereinafter known as (S.I.S.) attempts to obtain and provide accurate data for our clients, (S.I.S.) makes no representations or warranties, expressed or implied, including but not limited to, warranties of merchantability and fitness for a particular purpose, as to the accuracy of the data provided. As a (S.I.S.) client, I/we agree that the use of the information shall be for legal and moral purposes and accept all responsibility for its use. I/we agree to indemnify and hold (S.I.S.) harmless for all damages, claims or losses suffered by (S.I.S.) as a result of claims by third parties relating to our use of the data provided by (S.I.S.). I/we intend to use the information and data provided by (S.I.S.) pertaining to the "Subject" only for:

A commonly recognized business use, whereby the business or individual for which we seek the information, has a pre-existing or pending business relationship with the subject of the inquiry; or a use, which will clearly cause no emotional harm to a reasonable person who, is the subject of the inquiry.

By signing this form, I agree to the above errors /omissions statement and privacy policy.

Print Name _____

Signature _____ Date _____