

VAPI

VIRGINIA PARANORMAL INVESTIGATIONS



INVESTIGATION REQUEST FORM



Name: _____

Address: _____

Do you own or rent this property? Own Rent *You must be the authorized owner or renter of property, or you must provide written authorization from the property owner or renter in order to be scheduled for an investigation. Minors living with parents must provide written authorization from a parent.*

Email: _____

Best Time to Contact You Via Phone or Text? 8am-12pm 12pm-7pm 7pm-10pm

Religious Preference: _____

Are you, or is anyone in your household or business in danger? *If yes, briefly describe the nature of the threatening activities*

Describe the non-threatening activity in your home or business:

When does paranormal activity occur? Midnight-6am 6am-Noon Noon-6pm
 6pm-Midnight

Please provide any other relevant information that you believe will help us to properly investigate your home or business:

By typing or signing your full name, you are officially giving Virginia Paranormal Investigations the right to conduct a thorough investigation of your home or property.

SIGNATURE: _____

DATE: _____