



PRIVATE SOLUTIONS AGENCY

Investigation Service Request

Client Information

Received:

Your Case #

Our Case #

Company Name

Address

Full Name

City

Primary Phone #

Postal Code

Safe Contact
Instructions

Assignment Instructions

Budget

HST included in budget

Specific
Scheduling
Instructions

Due By

Subject Information

Full Legal Name

Date of Birth

Primary Address

City

Postal Code

Phone #

Prior Surveillance?

Continued on Next Page



PRIVATE SOLUTIONS AGENCY

Gender

Marital Status

Height

Weight

**Description &
Subject
Information**

**Social Media
Accounts**

Other Licenses

Driver's License

Make/Model

Make/Model

Colour

Colour

Plate #

Plate #

Primary Driver

Primary Driver

Employer

Position

**Additional
Services
Required**

Counter-Surveillance
GPS Tracking & Monitoring
Financial Research
Night Vision/ Distance Solutions
4k Video Recording
Executive / VIP Protection
Specialized Phone Search
K9 Detection Services

CONFIDENTIAL

Submit to:

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