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YOUR FILE #:

DATE:

GENERAL INVESTIGATION ASSIGNMENT FORM

Best Time to Contact:

- Morning
 Afternoon
 Evening

Is this request highly confidential?

- Yes
 No

CLIENT	NAME:	DUE DATE:
	ADDRESS:	CITY, STATE, ZIP:
	PHONE:	FAX:
	CELL PHONE:	EMAIL:

SERVICES DESIRED:

Please Fax Back to LAMBDA Investigations Inc. at: 714-993-9458