

Case No: _____

Client: _____

Research Dates: _____ to _____

Researcher: _____

S.P.I.A.

SPIRITUAL PARANORMAL INVESTIGATORS of ARIZONA

Research Report

Location Address:	
Location Type?	Location Age:
Year Established:	Original Owner:

Agencies Used for Research

<input type="checkbox"/> Police Dept. _____ <input type="checkbox"/> Sheriffs Dept. _____ <input type="checkbox"/> State Police. _____ <input type="checkbox"/> Real Estate Records: _____ <input type="checkbox"/> Online Sources: (Describe Below)	<input type="checkbox"/> Newspaper: _____ <input type="checkbox"/> Library: _____ <input type="checkbox"/> Historical Society: _____ <input type="checkbox"/> Vital Records: _____ <input type="checkbox"/> Other: (Describe Below)
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Describe Agencies Not Specified Above:

Deaths Linked to the Location

Deceased	DOB	DOD	Manner of Death

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Summary of Location History:

[illegible]

Law Enforcement

[illegible]

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Statements:

Informant: _____ Date: _____

Agency: _____ Time: _____

Informant: _____ Date: _____

Agency: _____ Time: _____

Informant: _____ Date: _____

Agency: _____ Time: _____

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Other relevant information to consider:

Summary of Tragedies at this location:

Has there been any occult type activity performed at this location?

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Report Conclusion:

[illegible]