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SKIP TRACE SERVICES

REQUESTING LAW OFFICE: _____

Contact Person: _____

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Please list all the vital facts in your possession pertaining to the individual that you are trying to locate:

Individual's Name: _____ & _____

Known Address: _____

Known Phone #1: _____ Phone #2: _____

Miscellaneous/Additional info:

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Signature of Authorizing Personnel

Return this form to: info@bertolegal.com
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