

SKIP TRACE SERVICES

REQUESTING LAW OFFICE:			
Contact Person:			
Address:			
Phone:		Fax:	
Email:			
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:			

Name Authorizing Personnel

Signature of Authorizing Personnel

Return this form to: info@bertolegal.com
If you have any questions please contact us at: 1 800-440-5738