



678.923.4790  
www.molepatrolllc.com

**Mole Patrol, LLC**  
**Client Information Intake**  
**Form**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Client Name:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone no: W- \_\_\_\_\_ H- \_\_\_\_\_

Email address: \_\_\_\_\_

Preferred Method of contact? Phone/ Email / In Person / Mail

Are you an Attorney: Y/N If no are you represented by an attorney? Y/N

If yes who is the attorney with contact information:

Firm name: \_\_\_\_\_

Attorney's name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

What are you requesting of Mole Patrol, LLC (Be specific):

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What is your preferred method of receiving reports?

Formal written report emailed/ By phone/ Informal email / In person

Do the results of our investigation need to be admissible in a court of law? Y/N

If so in what format will it need to be in to be considered admissible as evidence?

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Have you received, read and understand Mole Patrol, LLC Advisory form: Y/N

Client: \_\_\_\_\_, Signature: \_\_\_\_\_ Date: \_\_/\_\_/

Agent: \_\_\_\_\_, Signature: \_\_\_\_\_ Date: \_\_/\_\_/

