

Alliance Investigations and Security

2800 Limited Lane J12 Olympia WA 98502 State License # 1648

www.tacomainvestigators.com

TEL: (253) 459-3038 Fax: (360)705-2735 E-Mail: mcint@tacomainvestigators.com



Process Service Request Form

Client Name :		Date:
Client Address:		File Date:
		Deliver by:
Client Phone:		Case Name:
Client FAX:		
Client E-Mail:		Cause #
Subject/Defendant Information (*denotes required field)		
*Subject of Service:		*DOB:
*Subject 1st Known Address:		SSN:
		*Phone:
Subject 2nd Known Address:		Cell:
		Work:
Drivers License #	Vehicle License Plate Number:	
State Issued:	VIN:	
Special Instructions:		
Number of Pages to be delivered : ____		
Agreement		
<p>\$50 Fee includes first attempt and follow-up attempt. Each additional attempt is \$20 per attempt at the sole discretion of the client.</p> <p>Mileage is included for first 15 miles. Each additional mile is \$.50 per mile.</p>		
General Statement		
<p>We will undertake all aspects of attempting to investigate said matters and will do so at our sole discretion, by way of any lawful and ethical means deemed appropriate and necessary, in accordance of with state and federal law, and accepted industry practices. You will indemnify and hold harmless AIS and its agents, employees and sub-contractors from, and against, any and all liability, loss or damage including reasonable attorney fees, which AIS may sustain as a result of any claims, demands, costs or judgments which may be brought against AIS as a result of the investigation that you have requested.</p> <p>The client and AIS agree to the above terms and conditions.</p>		
For Alliance Investigations and Security:		For Client:
Name: _____		Printed Name: _____
Signature: _____		Signature _____
Date: _____		Date: _____