ANUBIS PARANORMAL RESEARCH ORGANIZATION



Paranormal Permission to Investigate

By filling out the form below you will allow us to investigate the location in question. All data obtained during the investigation is completely confidential and will never meet the public eye without your written consent.

This document also releases you of all liability.

Client Full Name:	Last	First		M.I.
Address:		100		
	Street Address			Apt./Unit #
	City		State	Postal Code
How long have you live	•			
lome Phone:	()	Mobile Phone: ()	
E-mail Address:				
Are you the legal owne	r: Yes	No If not, who is?		
nvestigator:				
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