



**Request Investigation Form**

**Please mail to following address:**

ARPAST LLC  
 1818 N. Taylor, #337  
 Little Rock, AR 72207

**\* denotes a required field**

***BASIC INFORMATION***

<b>First &amp; Last Name: *</b>	
<b>Email Address: *</b>	
<b>Phone (+ Area Code): *</b>	
<b>Physical address of property to be investigated: *</b>	
<b>When would be the best time to contact you?:</b>	
<b>Religious Background:</b>	

***GEOGRAPHICAL/HISTORICAL INFORMATION***

<b>Square footage of the property/# of rooms (if known):</b>	
<b>How long have you occupied this location?</b>	
<b>What are the genders, names and birthdates of ALL current occupants?</b>	
<b>What year was the structure built (if known)?</b>	
<b>Has there been any remodeling within the past 6 months?</b>	
<b>Please describe the activity being experienced:</b>	

When did these events initially begin?	
How often is there activity?	

**YES/NO QUESTIONS**

Do you feel threatened? *	YES	NO
Do all occupants agree on the activity being experienced?	YES	NO
Are there any additional witnesses besides the occupants?	YES	NO
Have you consulted with any other paranormal research groups, or notified members of the clergy?	YES	NO
Are there any cemeteries within close proximity? (~100 yds)	YES	NO

<p><b>Have any occupants experienced any of the following? (Check all that apply.):</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Unexplained voices</li> <li><input type="checkbox"/> Calling of your name from no apparent source</li> <li><input type="checkbox"/> Smells/Odors</li> <li><input type="checkbox"/> Being touched (shoulder, arm, etc.)</li> <li><input type="checkbox"/> Tugging of clothes</li> <li><input type="checkbox"/> Shadows</li> <li><input type="checkbox"/> Apparitions</li> <li><input type="checkbox"/> Unexplained lights</li> <li><input type="checkbox"/> Orbs</li> <li><input type="checkbox"/> Smoky forms</li> <li><input type="checkbox"/> Sudden unexplained breezes</li> <li><input type="checkbox"/> Hair on arms and neck standing on end</li> <li><input type="checkbox"/> Strong random thoughts</li> <li><input type="checkbox"/> Strong feelings of being watched or followed</li> <li><input type="checkbox"/> Unusual cold or hot spots</li> <li><input type="checkbox"/> Recent death of loved one</li> <li><input type="checkbox"/> Recent anniversary of loved one's death, birthday, anniversary, etc.</li> <li><input type="checkbox"/> Tapping or knockings from no source</li> <li><input type="checkbox"/> Mood changes, especially in one room</li> <li><input type="checkbox"/> Door(s) opening/closing</li> <li><input type="checkbox"/> Moving/disappearing/rearranged objects</li> <li><input type="checkbox"/> Furniture rearranged</li> <li><input type="checkbox"/> Movement out of the corner of your eye (usually when alone)</li> <li><input type="checkbox"/> Electrical disturbances (frequent light bulb, burnouts, etc.)</li> <li><input type="checkbox"/> Appliances on/off</li> <li><input type="checkbox"/> Renovations in location</li> <li><input type="checkbox"/> Problems with appliances: <ul style="list-style-type: none"> <li><input type="checkbox"/> TV</li> <li><input type="checkbox"/> Radio/Stereo</li> <li><input type="checkbox"/> Computer</li> <li><input type="checkbox"/> Clock/Clock Radio</li> <li><input type="checkbox"/> Microwave</li> <li><input type="checkbox"/> Other: _____</li> </ul> </li> </ul>
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**Reviewed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_