



# Case Request

## Background Check Assignment

For Questions, Comments, or Concerns, Please contact our office at 315-527-4976. We appreciate your business and look forward to assisting you with your request. Please fill out all applicable items below:

Bellingham Investigation services  
404 Oak St, Suite 266  
Syracuse, NY 13203  
315-527-4976

### Background Check Assignment

#### Requester Information:

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Phone# \_\_\_\_\_

#### Case Information:

File # \_\_\_\_\_ Case Type: Liability  Workers comp.  Disability  Auto  Other

Incident/injury date \_\_\_\_\_ Additional file # \_\_\_\_\_ Insured \_\_\_\_\_

#### Claimant/Subject Information:

Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_ Sex: Male  Female

Injury \_\_\_\_\_ SS# \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Vehicle Info \_\_\_\_\_ Claimant represented: Yes  No

Additional Info \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Background Check Details:

Include neighborhood sources check (additional charges may apply) Yes  No

Rush: Yes  No

Additional instructions and info: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fax or email the completed form to  
Bellingham Investigation Services  
Fax: 315-266-1202  
jl@syracuseinvestigator.com

