



Shawn Patty Investigations, Inc.

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Date Ordered
Date Due
Subpoena
Authorization
Rush

Records Request Form

Requesting Party:

Company
Address
City State Zip
Phone
Claim #
Case #
Insured
SPI #
Requested By

Records Of:

Name
Address
City State Zip
Date of Birth
Social Security
Date of Loss
Injury Claimed

Location	Address	City	Phone
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Applicant/Plaintiff Attorney:

Company
Attention
Address
City State Zip
Phone
Forward a set of records Yes No

Defense Attorney:

Company
Attention
Address
City State Zip
Phone
Forward a set of records Yes No

Case Title

Applicant/Plaintiff

VS

Defendant

Special Instructions