



METRO SECURITY FORCE INC.



INVESTIGATION WORK SHEET

DATE: _____ TIME: _____ CASE #: _____ START TIME: _____ END TIME: _____

INVESTIGATOR(S): _____ Client: _____

MILAGE START _____ END: _____ TOTAL MILEAGE _____ VEHICLE USED: _____

DETAILS OF INVESTIGATION: _____



PERSON THAT COMPLETED REPORT