Island Eyes Investigative Services, Inc.
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Application for: ☐ Credit Report ☐ Criminal Report ☐ Eviction Report

Applicant 1

First: _____ **Middle:** _____

Last: _____ **Maiden:** _____

Date of Birth: _____ **SSN:** _____

Phone Number: _____ **Email:** _____

Current Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Applicant 2

First: _____ **Middle:** _____

Last: _____ **Maiden:** _____

Date of Birth: _____ **SSN:** _____

Phone Number: _____ **Email:** _____

Current Address: _____

City: _____ **State:** _____ **Zip Code:** _____

I/we certify that having read the above application and agree that all information therein is true and correct. I/we authorize your agents to obtain a criminal and/or credit check for tenancy and/or ownership.

Applicant 1: _____ **Date:** _____

Applicant 2: _____ **Date:** _____

Requesting Association/Organization: _____

Fax Report to: _____ **Email Report To:** _____

Submitted by (please print): _____

FOR OFFICE USE ONLY Report Type (select one): ☐ Single ☐ Joint