

**COTE INVESTIGATIONS INC.**

DATE \_\_\_\_\_

**REQUEST WORK FORM** (Scan and send to [greg@cote-investigations.com](mailto:greg@cote-investigations.com))

Subject's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Subject's Address \_\_\_\_\_

Telephone# \_\_\_\_\_

Spouse \_\_\_\_\_

Employment Info. \_\_\_\_\_

Disability/Injury \_\_\_\_\_

Date of Disability \_\_\_\_\_

Your File# \_\_\_\_\_

Client Name \_\_\_\_\_

Client Address \_\_\_\_\_

Client Contact Info. \_\_\_\_\_

Additional Information (description, medical appointments, instructions and other details)

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**Cote Investigations Inc. SERVICE THROUGHOUT ONTARIO SINCE 1993**

**P.O. Box 962, Stn. C, Kitchener, Ontario (519) 571-9775 [www.cote-investigations.com](http://www.cote-investigations.com)**