

Location Interview

Date / /	Name(s)	Relationship to the site
Location Address Tel No		
Time of occupancy at the location.		
How many previous owners.	Date Constructed	Age of the site
What phenomena has been witnessed and where.		
When did this first occur and for how long.		
Who first witnessed the phenomena.		
Has there been any other witnesses.		
How often does the phenomena occur.		
Has there been:		
Any odors	Sounds	
Movement of objects	Cold or hot spots	
Problems with electrical appliances		
Are there any pets	Have they been affected	
Do the occupants feel the phenomena is threatening:		

Brief history of site.

Addition Notes