RIVER CITIES PARANORMAL SOCIETY * NORCAL

Investigators Report:

Date: _____ **Time:** _____

Location: _____

Investigator:_____

Evidence:

Digital Photos Taken- ID #s:						
Digital Audio Taken- ID #s:						
Video Tapes – ID #s:						

Phenomenon Witnessed/Experienced:

Time:	**Experience Description / Comments:**
Submitted To:	
Received By:	