



**FORENSIC
AND
SCIENTIFIC
TESTING, INC.**

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EVIDENCE TRANSMITTAL LETTER

Original report &
Invoice to: _____

Phone: (____) _____

Copy of Report To: _____

Phone: (____) _____

*Insured: _____
*Policy #: _____
*Claim #: _____

Investigation #: _____
Date of Fire: _____
Date Evidence Taken: _____

List of Specimens:	Location Taken From:
1.) _____	_____
2.) _____	_____
3.) _____	_____
4.) _____	_____
5.) _____	_____
6.) _____	_____
7.) _____	_____
8.) _____	_____

Examination Requested: _____
Condition of Scene: _____
(weathered, altered, _____
undisturbed, etc.) _____

Evidence Taken From: _____ To: _____
Evidence Taken From: _____ To: _____
Evidence Taken From: _____ To: _____
Evidence Taken From: _____ To: _____

*Required with third-party billing