

VASTU INVESTIGATION PERMISSION

Completion of this form constitutes permission to conduct a vastu investigation of grounds and structures of the property listed below. All spaces associated with the property are considered open for the purposes of the investigation unless otherwise noted.

Full Name of Person Granting Permission :

.....

Owner or duly authorized representative of the owner? (yes / no) :

.....

Phone Number with Area Code :

Mobile Number :

Email Address :

* If not the owner or duly authorized representative of the owner the investigation cannot be conducted until written authorization is obtained by the legal owner or duly authorized representative of the legal owner.

Investigation Location :

Nature of residence (home / apartment / business / other) :

.....

Does the occupant own or rent the residence (own / rent / lease) :

.....

Street Address :

.....

.....

City :

State :

Pincode :

Off-limits areas for investigation :
.....

Dangerous or hazardous equipment present :
.....

Safety considerations / concerns :
.....

Prohibited use items or equipment :
.....

Authorized Investigation Date :
.....

Authorized Investigation Times :
.....

Full release of data No conditions (yes / no) :
.....

Publish owner, occupant, or employee names (yes / no) :
.....

Publish a specific file(s) (Specify below in "Other" block)(yes / no) :
.....

Printed name of owner or duly authorized representative (Last, First, Middle) (yes / no) :

.....

INVESTIGATION AUTHORIZATION

I authorize and grant permission to ROOTSHUNT to conduct a vastu investigation of the above property listed as the "Investigation Location" on this document on the date and times listed as the "Investigation Date and Times." The investigators identified as the "Investigation Team" have full use of all facilities, utilities, and equipment on this property with exception of those listed as "Prohibited use items or equipment."

The owner or duly authorized representative of the owner is responsible for any injury or damage to investigative equipment caused by the owner, duly authorized representative of the owner, employee, or occupant of the property, and can be proven responsible for such injury or damage.

.....

.....

Owner / Authorized Person
Signature

Witness Signature

.....

.....

Owner / Authorized Person
Name

Witness Name

.....

.....

Date

Date

CONFIDENTIALITY AGREEMENT

ROOTSHUNT will protect the confidentiality of all pertinent information, including specific location details, specifics of the vastu, personal information about the client and any other information that is asked to be kept confidential.

By signing this form we agree to hold all evidence (photographic, video and audio) we capture during this investigation in the strictest of confidence and shall not share said evidence with the general public or any other paranormal group unless given permission to do otherwise.