MUFON
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Fax: Date: ____/___/_____

WITNESS NAME: _____ Case Log Number: _____

( ) **Entire Report Platform Which Includes the Following Forms as Noted**

Report Platform For:

( ) **The Following Forms and Text Only as Noted**

( )	Form 1	General Form-Page 1, 2, 3
( )	Form 3	Electrical/Magnetic Effects
( )	Form 4	Animal Effects-Pages 1, 2
( )	Form 5	Psychological/Physiological Effects-Pages 1,2
( )	Form 6	Landing/Traces/Artifacts-Pages 1, 2
( )	Form 7	Entities-Pages 1, 2
	Form 7A	Entities-Pages 1, 2, 3
( )	Form 8,	Photographs-Page 1, 2
	Form 8A	Photographs-Page 1
	Form 8B	Photo/Video Evaluation Request-Page 1
( )	Form 9	Radar-Pages 1, 2
( )	Form 10	Residual Radiation-Pages 1, 2
( )	Form 11	Cattle/Animal Mutilation-Page 1, 2
( )	Form 12	Crop Circle-Page 1
( )	Witness Narrative	
( )	Maps	
( )	Photographs/Drawings/Renditions	
( )	Other	

INVESTIGATOR _____TELEPHONE _____

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