

SEXUAL ASSAULT EVIDENCE COLLECTION KIT ORDER

AUTHORITY: 1935 PA 59; **COMPLIANCE:** Voluntary

Date

Agency/Organization Name	County		
Street Address (No P.O. Box Numbers accepted)	City	State	ZIP Code

CHECK ONE: (20 kits per case; maximum of two cases)	
<input type="checkbox"/> One Case	<input type="checkbox"/> Two Cases

Name of Requestor

Telephone Number of Requestor	E-mail Address of Requestor
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Special Instructions

E-MAIL COMPLETED FORM TO: kits@patriotsol.com OR FAX COMPLETED FORM TO: 616-570-0187 Patriot Solutions, 525 Ottawa Ave NW, Lower Level, Grand Rapids, MI 49503 TX: 616-240-8164
