

GIL OBSERVATION REPORT

Date: _____
 Location: _____
 Observer: _____

Name of the person being observed: _____

Reason for the observation: _____

Time of day: _____
 Weather: _____
 Location: _____

Observer's name: _____

On the day of the observation:

Time of day: _____
 Weather: _____

Time of day: _____
 Weather: _____

Name: _____
 State: _____
 Telephone Number: _____

RECEIVED

MAR 16 1990

MOBILE OFFICE

RECEIVED
MAR 16 1990
OCD
HOBBS OFFICE