



Form 11-Request for Photographic Evaluation

MUFON Field Investigator's Manual

Version Date: January 29, 2013

Form 11-Request for Photographic Evaluation

Case Number: _____ Date: _____

Request For Evaluation And Analysis For Photographic And/Or Video Tape Materials

FI: Submit A Copy Of This Form To MUFON Along With Material To Be Analyzed

Film Camera Data

Camera Manufacturer : _____ Model : _____ Film Format: _____
 Lens Make, Model, Power: _____ Filters Used: _____
 Film Maker, Film Name, ASA: _____ Normal Exposure? _____
 Material Submitted : _____ Negatives, and _____ Photographs. Are The Photos Originals? _____

Digital Camera Data

Camera Manufacturer: _____ Model : _____ Camera Age: _____
 Lens Make, Model, Power: _____ Filters Used : _____
 Memory Format / Medium: _____
 Digital Settings : _____
 Material Submitted : _____ Memory Cards, and _____ Photographs. Are The Photos Edited? _____

Video Camera Data

Camera Manufacturer : _____ Model: _____ Format : _____
 Lens Make, Model, Power : _____ Filters Used : _____
 Memory Format / Medium : Video Tape: () Memory Card : () Memory Disk : () Other: _____
 Video Camera Settings: _____
 Material Submitted : _____ Video Tapes, _____ Film, _____ Digital File(s) Length: _____

Purpose Of Evaluation

I am requesting this analysis for the purpose of:



Form 11-Request for Photographic Evaluation

MUFON Field Investigator's Manual

Version Date: January 29, 2013

Environmental Data: (GPS: _____ N, _____ W)	
Photography Location Data : The Location Is Precisely : _____	
Direction / Elevation:	Direction Camera Was Pointed : _____
	Elevation Camera Was Pointed : _____
The Sun Was _____	(right, left, behind, in front of, etc.) _____ The Photographer.
Image Editing Details	
Were Digital Images Edited? Yes (<input type="checkbox"/>) No (<input type="checkbox"/>) Unknown (<input type="checkbox"/>) Note: _____	
What Was Edited : _____	
Editing Software/Version: _____	
Notes : _____	
<input type="checkbox"/> All Submitted Material Is To Be Returned.	
<input type="checkbox"/> Only Return : _____	
<input type="checkbox"/> No Submitted Material Needs To Be Returned.	
Requestor: _____	Telephone Number: (<input type="checkbox"/>) _____
Address: _____	(enter email address below) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>