



Data Recovery Service Request Information Sheet

Company / Name: _____ TEL: _____

Email: _____

ADDRESS: _____ CITY: _____

State: _____ ZIP: _____

User Info (profile name(s)/password(s) if any): _____

Item / Drive Make and Model # _____

Serial Number _____ Computer Type _____

All Partitions & Size C: ___ D: ___ E: ___ F: ___ Compression: Yes ___ No ___

Operating System (Windows) _____ (Mac / UNIX / Other) _____

File System: (if known) _____

Is the Drive in a RAID? If so, Mirrored___ Stripped___ Spanned___ Raid Configuration___
(Please include all drives in order)

If Tape, drive make & model _____ software & version _____ (please include the software & drive)

Destination Media: CD___ (3 included \$25 for each additional disc) DVD___ (1 included \$25 for each additional disc)

Customer Provided Hard Drive (\$0)* _____

External USB Drive can be supplied and cost is based on capacity of the unit.

What were the failure symptoms?

What (if any) recovery attempts have been made?

List most critical data and what folders it should be in:

Notes / Any additional information you may think of:

