



**Data Recovery Request Form**

Please print this form then fill in your details  
(Please note this form must be signed for diagnosis to commence)

<b>Name / Company</b>	
<b>Delivery Address</b>	
<b>Phone/Mobile Number</b>	
<b>Email Address</b>	
<b>Client Type</b>	Business <input type="checkbox"/> Personal <input type="checkbox"/> Government <input type="checkbox"/> Security Services <input type="checkbox"/> Education <input type="checkbox"/>
<b>Media Type</b>	Desktop Drive <input type="checkbox"/> Laptop Drive <input type="checkbox"/> External Drive <input type="checkbox"/> RAID <input type="checkbox"/> Other <input type="checkbox"/>
<b>Drive Manufacturer</b>	Seagate <input type="checkbox"/> Hitachi <input type="checkbox"/> Samsung <input type="checkbox"/> Western Digital <input type="checkbox"/> Toshiba <input type="checkbox"/> HGST <input type="checkbox"/> Other <input type="checkbox"/>
<b>Operating System</b>	Mac <input type="checkbox"/> Windows 7/8/10 <input type="checkbox"/> Server 2010 <input type="checkbox"/> Linux <input type="checkbox"/> Other <input type="checkbox"/>
<b>Failure Type</b>	Clicking <input type="checkbox"/> Noisy <input type="checkbox"/> Dead <input type="checkbox"/> Format <input type="checkbox"/> Dropped <input type="checkbox"/> Not Detected <input type="checkbox"/>
<b>Partitions</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
<b>Profile(s)</b> <i>i.e. Joe or Administrator</i> <b>Folders/Files To be recovered</b> <b>e.g. Pictures, Documents</b> <b>Emails in terms of importance</b>	Profile(s) _____ / _____ / _____ A. _____ B. _____ C. _____
<b>Service Level Required</b>	Emergency(24x7) <input type="checkbox"/> Priority(2-3 days) <input type="checkbox"/> Standard(5-7 days) <input type="checkbox"/> <small>(Please note turnaround time is subject to failure and parts availability and may exceed the above timescale.)</small>

By signing below, you have read, understood & agree to be bound by Xytron Limited Terms & Conditions which can be found at <https://www.xytrondatarecovery.co.uk/tcs/> and you give Xytron Ltd permission to open your media if necessary to perform the free diagnosis.

Information entered on this form is used to process your case. Any information given will not be passed onto any third party. By submitting this form, you agree that we may contact you.

*Please be as specific as possible*

**X** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature Print Name