

## **Data Rescue MDs**

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# DATA RECOVERY RECEIVING TICKET

#### **REQUIRED: Contact Details**

| Name:            |  |
|------------------|--|
| Street Address:  |  |
| City, State Zip: |  |
| Contact Phone:   |  |
| Email Address:   |  |

#### **REQUIRED:** Please complete the required information below

| *  |   |
|--|---|
| Date Dropped Off:  |   |
| Brand and Model:   |   |
| Serial Number:   |   |
| Capacity (e.g., 500GB, 1TB):                                 |   |
| Used With Mac or Windows:                                    |   |
| Problem Description:   |   |
| What do you need recovered:<br>(Photos, documents, etc.)     |   |
| Comments or Special<br>Instructions:                         |   |
| How did you hear about us?<br>(select one or provide a name) | Internet Search:   Referred by:     Data Rescue MDS Website:   Other: |

### **\*EVALUATIONS TYPICALLY COMPLETED WITHIN 24 - 72 HOURS**

Please contact us if you have questions. 847-461-3282