



ALL DATA Recovery

Authority to recover data

Contact Name:	
Address:	
Phone Number:	Mobile:
Email Address:	
Company Name:	
Web URL (if applicable):	

Drive Details:

<input type="checkbox"/> Laptop Hard Disk	<input type="checkbox"/> Desktop Hard Disk Drive
<input type="checkbox"/> Desktop Hard Disk Drive	<input type="checkbox"/> USB Memory Stick
<input type="checkbox"/> SCSI Hard Disk Drive	<input type="checkbox"/> TAPE Drive
<input type="checkbox"/> Other:	
Please Specify:	

Driver Make:	Model:
Serial Number:	Operating System:
Critical Data (My Documents, word files, excel files, mp3 etc..):	

What happened (error messages, clicking noise, etc..)?

Operating System & Computer Make/Model.

Operating System:		Computer Make/Model	
<input type="checkbox"/> Windows	<input type="checkbox"/> FAT <input type="checkbox"/> NTFS	<input type="checkbox"/> HP	Model:
<input type="checkbox"/> Apple		<input type="checkbox"/> DELL	Model:
<input type="checkbox"/> Linux		<input type="checkbox"/> Acer	Model
<input type="checkbox"/> Other (please specify)		<input type="checkbox"/> Apple	
		<input type="checkbox"/> Other (please specify):	

Please Specify:

Previous Attempts to recover data on this drive:

ADR (All Data Recovery) will make every attempt to recover the data from your drive. It is important to know, however, that not all data can be recovered. In many cases the information on the drive, disk or tape has been destroyed by software, hardware or physical damage to the components.

You agree not to hold ADR or any of its employees responsible if the data cannot be recovered.

By sending us this form (by e-mail/mail or fax) you agree to allow ADR to work on the supplied drive as we deem necessary during the evaluation and or recovery process, you also confirm that you are the owner of the drive or authorized by the owner of the drive to recover the data.

Print Name:	Position (if Company):
Signature:	Date: