



18 Grenville Walk Lalor Vic. 3075

Recovery Submission Form

Full Name: _____

Address: _____

Phone: _____

Email: _____

Item(s) sent for Recovery: *(include make & model)*

Operating/File System: _____

Important Files/Folders: _____

I/We acknowledge that the items sent to Complete Data Recovery are sent "as is", in a non-useable, faulty state and will not hold Complete Data Recovery or employee's liable for any loss of data, income or products in relation to the services for this estimation/job.

Signed: _____

Date: _____