

Media Shipping Details

(Please enclose this form along with the defective device)

Company						
Contact Name						
Address:						
Postal Code:						
Contact Number:						
Email Address:						
Media Details						
Manufacturer:			Capacity:			
Model:			Operating			
			System:			
			(if any)			
Drive Type:			Volume of			
(HDD, SSD, MicroSD, etc.)			Data Stored: (if known)			
	s (Ple	Pase give as much detail		ling file	s/folders that are	of
Known Problems (Please give as much detail as possible, including files/folders that are of most importance)						
Please check mark whatever service you require:			Standard Service		Express Service	

Please send your media to the following address:

Metro Tech Group LLC

Attn: Data Recovery Department 300 E. Lombard St. Suite 840 Baltimore, MD 21229