

DATA SECURITY ACTION FORM

Customer Details

Customer _____

Address _____ City _____ ZIP _____

Contact _____ Email _____ Tel _____

Equipment Details

Equip ID# _____ Model _____ OEM _____

Serial # _____ HDD Part # _____

Security Details

Date of Action _____ Technician _____

Reason for Action _____

Please initial next to each service desired. Parts and labor charges apply unless otherwise noted

_____ Clear Address Book, Network & Fax Details (no charge)

_____ Format HDD (no charge)

_____ Remove and Destroy HDD, certify destroyed

_____ Remove and Replace HDD, deliver original to customer

_____ I DECLINE all security services

By signing below, the authorized representative of the customer listed above certifies that they have been apprised of such security risks that may exist on digital MFP equipment, that they understand the limitations of the remedies listed above, and that they hold harmless Goodremont's, Inc. for any data disclosures that may occur should they fail to or refuse to engage security services offered.

Signature _____ Date _____