



TR LOGIC Data Recovery & Forensic Laboratory
 911 S. Hutchinson Ave., Adel GA, 31620
 ph: 229-896-1660
 fax: 229-798-4368

Request for Service / Chain of Custody

Case#

Property Tag#

Case Information:

| | |
|--------------------------------|--|
| Submitting Person: | Date: |
| Submitting Person Title: | Date evidence acquired by submitting agency: |
| Submitting Company & Address: | |
| Primary Contact Phone Number : | Secondary ContactPhone Number : |

Service Requested

(explain):

Evidence Description

| | |
|----------------------|-------------------------|
| Evidence Brand Name: | Evidence Serial Number: |
|----------------------|-------------------------|

Request of Services Authorization

I _____, acting as an authorized representative of _____
 (Print Name) (Submitting Company)

and on their behalf, do hereby authorize TR LOGIC, Inc. to perform forensic and data recovery related services upon the above listed evidence.

 (Submitting Person Signature) (Title) (Date)

Chain of Custody for Property Tag # _____ :

| | | |
|---|--|-------|
| Released by Printed Name and Signature: | Released to Printed Name and Signature or Courier tracking# plus Receiving Entity: | Date: |
| Released by Printed Name and Signature: | Released to Printed Name and Signature or Courier tracking# plus Receiving Entity: | Date: |
| Released by Printed Name and Signature: | Released to Printed Name and Signature or Courier tracking# plus Receiving Entity: | Date: |
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