

BACKUP RESTORE REQUEST FORM**I&CT Department Infrastructure Division****Date:** _____

System / Application Administrator	Application Name: _____ IP Address: _____ Reason of Restore: _____ Restore Type: <input type="checkbox"/> Full Restore <input type="checkbox"/> File Restore File Name: _____ Path: _____ Required Backup Data: _____ Requester P-No: _____ Requester Name: _____ Signature: _____
Infrastructure Administrator	Type of Machine: <input type="checkbox"/> Hyper-V <input type="checkbox"/> Vmware ESXi <input type="checkbox"/> Physical IP Address: _____ Location: <input type="checkbox"/> Original <input type="checkbox"/> Other Path: _____ Signature: _____
<div style="text-align: center;">_____ Approved By DGM Infrastructure Division</div>	
Backup Administrator	Backup Status: <input type="checkbox"/> Available <input type="checkbox"/> Not Available <input type="checkbox"/> Other Remarks: _____ Restore Activity Performed By: _____ Restore Status: _____ Remarks: _____
<div style="text-align: center;">Verified By System / Application Administrator</div> P-No: _____ Remarks: _____ Signature: _____	