



Date Received \_\_\_\_\_

## Colocation Tape Rotation Service Request Form

Only Administrative and Emergency Contacts can request Co-location Tape Rotation Services

Your Colocation Cabinet Number:

Today's Date:

Your Name:

Email Address:

Company Name:

Phone:

Please allow at least 2 business days to schedule the start of a Co-location Tape Rotation Service request.

Emergency requests may incur a fee of \$150/hr, please explain the nature of the emergency below.

Special Instructions including mailing address if tapes are to be shipped: (use additional space if necessary)

Use the following pages to provide a separate instruction for each task you wish performed for each date.

Once we understand and believe we can comply with your instructions, we will notify you by e-mail that your request has been accepted and when we will begin tape rotation. A copy of this request form will be placed in your Co-location cabinet and, as each task is completed, the task will be initialed as done by an EasyStreet technician along with any notes. Use this example as your guide.

### EXAMPLE:

Date Scheduled	Job Description	EasyStreet Tech Signature	Date Completed	Notes
Month: <u>December</u> Year: <u>2005</u>				
12/01/05	Monthly Full Backup — November	@ Initialed as complete	12/01/05	
12/04/05	<b>Week 1</b> – Eject November Full Backup Insert tape labeled Week 1	@ Initialed as complete	12/04/05	Amber cleaning light on, emailed customer
12/11/05	<b>Week 2</b> – Eject tape labeled Week 1 Insert tape labeled Week 2			
12/18/05	<b>Week 3</b> – Eject tape labeled Week 2 Insert tape labeled Week 3			
12/25/05	<b>Week 4</b> – Eject tape labeled Week 3 Insert tape labeled Week 4			
12/26/05	In A.M. Eject Week 4 tape and Insert Monthly Backup tape for December			
12/27/05	In A.M. Eject Monthly backup tape and mail to address provided above. Insert Week 4 tape to continue backup for remainder of week.			

S A M P L E





**EASYSTREET CO-LOCATION TAPE ROTATION INSTRUCTIONS**

Date Scheduled	Job Description	EasyStreet Tech Signature	Date Completed	Notes
Month: _____ Year: _____.				
Month: _____ Year: _____.				
Month: _____ Year: _____.				

This is a best effort service. If for any reason problems are encountered in executing your instructions, EasyStreet will attempt to return the equipment to its previous state. An outage may occur if this attempt fails. EasyStreet accepts no responsibility for such outages.

**Please email this form to: [AdvancedSupport@easystreet.com](mailto:AdvancedSupport@easystreet.com)**

You may also Fax it to 503-646-1400 Attn: Advanced Hosting Support



**EASYSTREET CO-LOCATION TAPE ROTATION INSTRUCTIONS**

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Month: _____ Year: _____				
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