

Remote Backup Client Removal Form

Name:

District Name:

District No.

Nodename:

Application*

* Please list all applications affected by removal

Node end date for Remote Backup processing

Date to remove node from scheduled back ups

*Date all data for this node can be deleted

*No longer than 30 days

Signed By: _____

Remote Backup questions should be directed to:

Will Holden wholden@e1b.org (716) 821-7041

Barb Andrews bandrews@e1b.org (716) 821-7130

Please print, sign and return this form via facsimile, attn: Will Holden and/or Barb Andrews to (716) 821-7204

