



University of San Diego

Backup Service Request Form

Network and Systems Operations

Maher Hall Room # 170

Telephone: 619-260-4726/ Fax: 4235

Requested by _____ Date of request _____

Server name _____ Phone number _____

Type of server _____ ie Prod, Dev, Patch, Test

Creation date for cold backup _____

Path _____

Backup Type: Please circle all that apply

Full Weekly Monthly Yearly On-Demand

Incremental (yes / no) _____

Notes: _____

This section to be completed by Sal:

Subclient _____

Agent name _____

This section to be completed by Yolanda:

Policy Created by: _____ Date: _____

Scheduled by: _____ Date: _____