



Tennessee Valley Regional Computer Forensics Laboratory

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Lab Use Only	
Date Recd	
Date Assnd	
Assnd By	
Assnd To	TVX
TVR	

Service Request Form

Agency Information

Agency:

Submitter:

Address:

Cell:

Case Information

Agency No:

Investigator:

Desk:

Suspect(s):

Cell:

Email:

Victim(s):

Supervisor:

Violation:

Phone:

Request Type: On Site Search Examination Technical Assistance

Related to a Previous TVRCFL Case: Yes No TVRCFL Case:

Legal Authority

Warrant Consent FISA: Docket #: _____

Other:

Date Needed

Description of evidence (*provide details including Make, Model, Serial Number, IMEI, or other identifying information*)

Has Evidence been previously viewed

Yes

No

If yes, please describe method and reason below

Any privileged information expected

Yes

No

If yes, please describe below

List any Known Passwords, Emails Addresses, Etc...

Service requested