

State of Delaware Contract GSS13091B

Xerox End of Term Lease Notification Equipment Return Request

(Please e-Mail This Form 30 Days Prior to Lease Term Expiration to Xerox)
Email: Robert.White3@xerox.com

Date of Request: _____ Customer Name: _____

End of Term Options

Return Equipment

Contact Information

Name _____ Title _____

Email _____ Phone Number _____

Fax Number _____ Authorized Signature _____

Equipment Location Address: _____

Building Name, Room/Suite Number _____

City, State & Zip Code _____

Instructions: _____

Equipment Information

Copier Model & Serial Number

Accessories

Meter Read

Date Form Faxed

Return Date Requested

Date: _____

Data Security/Hard Drive Wipe Processing

If the State would like the overwrite completed, a service call would need to be initiated before the removal of the machine 1-800-822-2979.