

Virus Report Form
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Use this form to report a virus infection. Send this along with a copy of the infected file.

Name:_____ Title:_____

Company:_____

Address:_____

City:_____ State:_____ ZIP:_____

Phone:_____ FAX:_____

Best Time to Call:_____

Which Virus infected your system(s)?_____

How many PC's were infected?_____

How did you discover the infection?_____

What antiviral methods are you currently using?_____

Any other comments:_____

You can send an infected diskette or send the sample by e-mail to:

CENTRAL COMMAND INC.
P.O. BOX 856
BRUNSWICK, OHIO 44212
216-273-5743

E-MAIL kapeer@netcom.com