



Request Form

Instructions: If you are a resident of California and would like to submit a request related to your personal information, please complete this form in its entirety. A signed copy of this form must be submitted to us at the appropriate address below. Please note, if Amperity, Inc. is unable to verify the identity of the individual submitting this form (the "Requestor"), we may ask for additional information or documents for verification purposes. For more information, please see our [Privacy Policy](#).

If sending by mail, please use the following address:

Amperity, Inc.
701 5th Avenue, Suite 2600
Seattle, WA 98104
Attn: Head of Security

If sending by email, please use the following address:

privacy@amperity.com

With a copy to:

Amperity, Inc.
701 5th Avenue, Suite 2600
Seattle, WA 98104
Attn: Legal

With a copy to:

legal@amperity.com

Requestor Information

Full Name
Mailing Address
Email Address
Phone Number

I, Requestor, am submitting the following requests (check all that apply):

- Request to delete my personal information; and/or
- Request to access my personal information.

By signing below and submitting this Request Form, I affirm the following:

- I am a California resident.
- I am the Requestor whose name appears above and the information provided in this form is true and accurate.
- I understand that I may be contacted directly in order to verify my identity.
- I authorize Amperity, Inc. to process such request(s) and I understand that any responses produced in connection with a request to access my personal information will be sent directly to me at the address provided above.
- I agree to indemnify Amperity, Inc. for any and all claims that arise against Amperity, Inc. in relation to its reliance on this Request Form.

Signature of Requestor	Today's date (<i>mm/dd/yyyy</i>)
-------------------------------	---