

Defiant California Verifiable Consumer Request Form

Each California resident (“**Resident**”) has rights to access the personal information held by Defiant, Inc. (“**Defiant**”) about that Resident, including the right to know and access specific information or categories of information Defiant may collect about that Resident, and to have that information deleted.

In order for us to respond to your request, we ask that you submit your request using the form below.

We will confirm our receipt of your request within 10 days of its receipt with Defiant, and we expect to respond to your request within 45 days of Defiant’s receipt of a fully completed form and proof of identity. You do not have to use this form but using this form should make it easier for you to make sure you have provided us with all relevant information, and for us to process your request.

1. California Resident’s Name and Contact Information

Please provide the Resident's information below. If you are making this request on the Resident's behalf, you should provide your name and contact information in Section 3.

We will only use the information you provide on this form to identify you and the personal information you are requesting access to, to respond to your request and to keep a record of your request and our response.

First and last name:	
Home address:	
Date of birth:	
Telephone number:	
Email address:	
Current employer:	

2. Proof of Resident’s Identity

We must verify your identity before we can respond to your access request. We will use the information provide above to verify your identity, but we may request additional information from you to help confirm your identity and to exercise your rights under the California Consumer Privacy Act. We reserve the right to refuse to act on your request if we are unable to identify you, and will notify you in the event that we cannot identify you.

3. Requests Made by an Authorized Agent on a Resident’s Behalf

Please complete this section of the form with your name and contact details if you are acting as an authorized agent on the Resident's behalf.

First and last name:	
Home address:	
Date of birth:	
Telephone number:	

Email address:	
What is your relationship to the Resident (for example, solicitor, other adviser, parent, caregiver)?	
Do you have legal authority to request the Resident's personal information?	

We may request additional information from you to help confirm the Resident's identity. We reserve the right to refuse to act on your request if we are unable to identify the Resident or verify your legal authority to act on the Resident's behalf, and will notify you in the event that we cannot identify you.

4. Resident Request

To help us process your request quickly and efficiently, please provide as much detail as possible about the personal information you are requesting access to or to have deleted from our systems. Please include time frames, dates, names, types of documents, file numbers, or any other information to help us locate your personal information.

We will contact you for additional information if the scope of your request is unclear or does not provide sufficient information for us to conduct a search. We will begin processing your request as soon as we have verified your identity and have all of the information we need to locate your personal information.

The personal information you request will be mailed to the home address you provided above. If you have questions please contact us at privacy@defiant.com or Defiant Inc. Attn: Privacy Policy Issues 800 5th Ave., Suite 4100 Seattle, WA 98104.

If we cannot provide you with access to or delete your personal information, we will inform you of the reasons why, subject to any legal or regulatory restrictions.

Our Privacy Policy is available at: <https://www.wordfence.com/privacy-policy/>

Signature and Acknowledgment

I confirm that the information provided on this form is correct and that I am the person whose name appears on this form. I understand that (1) Defiant must verify proof of identity and may need to contact me again for further information; (2) my request will not be valid until Defiant receives all the required information to process the request; (3) I am entitled to a free copy of the personal information I have requested; and (4) Defiant is not required to provide personal information to me more than twice in a 12-month period.

X [SIGN HERE]

Authorized Agent Signature

By submitting this electronic request, I confirm that I am authorized to act on behalf of the Resident. I understand that Defiant must verify my identity and my legal authority to act on the Resident's behalf, and may need to request additional verifying information.

X [SIGN HERE]