

PLEASE FILL OUT THIS FORM AND EMAIL BACK TO forgetme@ezadtv.com For us to clear all of your user data.

First Name*

Middle Name or Middle Initial

Last Name*

Suffix

Business Name

Street Address Line 1*

Street Address Line 2

City*

Zip Code* (12345)

State*

Country Code*

Primary Phone* (5555555555)

Type*

Secondary Phone

Type

Primary Email Address:

Additional Email:

How Should We Communicate With You (Select all that apply)?

- Your Primary Email Address
- Your Other Email Address
- US Mail (Mailed to the Street Address above)

Requester Submitted Flag

I am placing a request on another's behalf

How do you want to receive your disclosures? (Select one)

Electronic (primary Email)

Electronic (Other Email)

Print (Mailed to the Street Address above)