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 (Ex: Mr. Mrs.) **Business Name** Street Address Line 1 Street Address Line 2 City Zip Code (12345) State

Country			
Primary Phone (555555555)	Type: Home	Office	Other
Secondary Phone (555555555)	Type: Home	Office	Other
Primary Email Address			
Additional Email			
How Should We Communicate	With You (Sel	ect all tha	nt 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 yo	our disclosures	s? (Select	one)
Electronic (primary Email)			
Electronic (Other Email)			
Print (Mailed to the Street Address above)			