



Personal Data Access, Rectification and Erasure Request Form

You may have certain rights with respect to personal information, depending on your state of residence. To submit a request to access, correct, and/or delete personal information pursuant to these laws, or to opt-out of our processing of personal information for the purposes of targeted advertising or sales of personal information, please complete the form below. We may need to request additional information from you to verify your identity and complete your request. To learn more about Everytown's privacy practices, please see our [Privacy Policy](#).

Your Information:

First Name _____ Last Name _____

Email _____ Phone _____

State _____

Relationship to Everytown:

- ☐ Individual consumer
- ☐ Authorized agent of individual
- ☐ Other relationship (please specify below):

Nature of the Request - Please check all that apply:

- ☐ I would like to **know the categories of personal information** Everytown has collected about me.
- ☐ I would like to **obtain specific pieces of information** Everytown has collected about me.
- ☐ I would like to **correct personal information** Everytown has collected about me. (If you select this option, we will follow up via email to get more information from you regarding your corrections.)
- ☐ I would like to **delete personal information** Everytown has collected about me.
- ☐ I would like to **opt-out** of Everytown's personal information processing for:
 - ☐ Targeted Advertising
 - ☐ Direct mail
 - ☐ Email
 - ☐ Phone calls
 - ☐ Text messages
 - ☐ All contact methods (Do Not Contact)

About your Personal Information

The information you provide here will be processed solely for the purpose of identifying the information you're requesting and answering your request. Your personal information will be accessed by designated staff only, and will only be retained for the purposes of complying with the law.

How we will process your request

We will answer your request via email, or request additional information from you **within 45 days**. We may extend this process for up to two months, in which case we will notify you of the extension within a month.

For requests submitted by an authorized agent, you must submit a written, signed permission from the individual to privacy@everytown.org indicating that the individual has authorized the request.

By completing this form, I certify the above information is accurate, and that I am the individual who is subject to the request or have been authorized by the individual to act on their behalf.

- ☐ I confirm the above

Signature: _____ Date _____