

# Authorized Agent Designation Form

*Instructions:* If you would like to designate an authorized agent to submit a request on your behalf, or if you are an authorized agent yourself, a signed copy of this form must be submitted to us along with your request.

Please note, if we are unable to verify the identity of the individual about whom information is being requested (the "Requestor"), we may ask for additional information or documents for verification purposes. For more information, please see our [Privacy Policy at https://onetimesquare.com/privacy](https://onetimesquare.com/privacy).

**If submitting through the online portal, please submit to:**

[Online Portal](#)

**If sending by email, please use the following address:**

[Privacy@jamestownlp.com](mailto:Privacy@jamestownlp.com)

## 1. Requestor Information

<b>Full Name</b>
<b>Mailing Address</b>
<b>Email Address</b>
<b>Phone Number</b>

## 2. Authorized Agent Information

<b>Full Name of Authorized Agent</b>
<b>Email Address of Authorized Agent</b>
<b>Phone Number</b>

## 3. Authorization

I, Requestor, designate the Authorized Agent listed above for the sole purpose of submitting the following request(s) on my behalf (check all that apply):

- Request to access my personal information.
- Request to delete my personal information.
- Request to correct my personal information.
- Request to object to the processing of my personal information.
- Request to restrict the processing of my personal information.

By signing below and submitting this Authorized Agent Designation form, I affirm the following:

- 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 and confirm designation of my Authorized Agent.
- I grant the Authorized Agent permission to submit the request(s) indicated above to OTS on my behalf.
- I authorize OTS to process such request(s) and I understand that any responses produced in connection with a request to access my personal information will not be sent to my Authorized Agent but will instead be sent directly to me at the address provided above.
- The authority granted by this form will terminate 90 days after the date of execution.
- I agree to indemnify OTS for any and all claims that arise against OTS in relation to its reliance on this Authorized Agent Designation form.

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