Privacy Rights Request

Use this form to ask Station Automation Solutions LLC, the company that operates Station Clipboard, to let you see, copy, correct, or delete personal information about you, or to appeal our answer to an earlier request.

> **Is your request about records your fire department, EMS agency, or other Organization keeps?** That Organization controls them, so send this form to it first. You can also send it to us, and we will pass it to the Organization and help it respond.

1 ABOUT YOU

FULL NAME

EMAIL ADDRESS

PHONE NUMBER

MAILING ADDRESS

STATE YOU LIVE IN

HOW YOU ARE CONNECTED TO STATION CLIPBOARD (CHECK ALL THAT APPLY)

- ☐ Member of an Organization
- ☐ Applicant
- ☐ Community Alerts subscriber
- ☐ Business owner or contact
- ☐ Made a complaint
- ☐ Website visitor or prospective customer
- ☐ Other

ORGANIZATION NAME, IF ANY

USERNAME OR ACCOUNT EMAIL, IF ANY

2 WHAT YOU ARE ASKING FOR

- ☐ **Know** what personal information you hold about me and how it is used
- ☐ **Copy** of my personal information in a portable format
- ☐ **Correct** information that is wrong (describe below)
- ☐ **Delete** my personal information
- ☐ **Withdraw consent** for face clock-in and delete my face template
- ☐ **Stop** text messages or emails
- ☐ **Appeal** your decision on an earlier request (give its date below)
- ☐ **Something else** (describe below)

DETAILS: WHAT INFORMATION, WHICH RECORDS, WHAT SHOULD CHANGE, OR THE DATE OF THE REQUEST YOU ARE APPEALING

3 SOMEONE MAKING THIS REQUEST FOR YOU (OPTIONAL)

Complete this part only if an authorized agent, such as a family member, attorney, or privacy service, is making the request for you.

AGENT'S NAME

COMPANY, IF ANY

AGENT'S EMAIL ADDRESS

AGENT'S PHONE NUMBER

I authorize the agent named above to make this request about my personal information on my behalf. Station Automation Solutions LLC may also ask me to confirm my identity directly.

YOUR SIGNATURE

DATE

4 DECLARATION

I declare that the information on this form is true, and that I am the person named in Part 1 or am authorized to act for that person. I understand that Station Automation Solutions LLC will verify my identity before acting, and may ask for more information to do so.

SIGNATURE

PRINTED NAME

DATE

5 WHAT HAPPENS NEXT

- **Return this form** to **hello@stationclipboard.com** with the subject line "Privacy Request," or call (979) 341-9333 to ask how to send it another way.
- **Verification.** We confirm your identity by matching information we already hold, such as the email address on your account. We ask only for what we need.
- **Timing.** We respond within 45 days. If we need up to 45 more days, we will tell you why.
- **Appeals.** If we decline any part of your request, we explain why. You may appeal within 60 days, and we answer appeals within 60 days. You may also contact your state's attorney general.
- **No retaliation.** We will not treat you differently for making a request.

Our Privacy Policy is at stationclipboard.com/privacy-policy.

FOR OFFICE USE ONLY

DATE RECEIVED

REFERENCE NUMBER

IDENTITY VERIFIED BY / ON

ANSWERED ON