

# Authorized Agent Designation Form

*Instructions:* If you would like to designate an authorized agent to submit a request on your behalf related to your personal information, please complete this form in its entirety. A signed and notarized copy of this form must be submitted to us at the appropriate address below. Please note, if BDG is unable to verify the identity of the individual submitting this form (the "Requestor"), we may ask for additional information or documents for verification purposes. For more information, please see our [Privacy Policy](#).

If sending by mail, please use the following address:

Bustle Digital Group  
315 Park Avenue South  
12th Floor  
New York, NY 10010

If sending by email, please use the following address:

info@bustle.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>
<b>Authorized Agent's California Secretary of State Registration Number<sup>1</sup> (if applicable)</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 delete my personal information; and/or
- Request to access 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.
- The Authorized Agent is a natural person or a business registered with the Secretary of State to conduct business in California.
- 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 <<Company>> on my behalf.
- I authorize <<Company>> 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 BDG Media, Inc. for any and all claims that arise against BDG Media, Inc. 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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## 4. Notary Information

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, do hereby confirm that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the person named \_\_\_\_\_, appeared before me and has proven to be the individual named in Section 2 of the preceding document, and has acknowledged to me that this authorization is his/her wish.

<sup>1</sup> Please note, if you are designating an entity to act on your behalf, California law requires that such entity is registered with the Secretary of State.

<b>Signature of notary public</b>	<b>Notary seal</b> <i>(if state requires a seal)</i>
<b>Commission expiration date</b> <i>(mm/dd/yyyy)</i>	* The notary seal must be dated within 30 days of receipt of this document by BDG Media, Inc.