

Last Revised: December 19, 2019

GLOBAL DATA PROTECTION REGULATION (“GDPR”) REQUEST FORM

Under GDPR, you may be able to exercise certain rights involving your personal data that Inter-Con Security Systems, Inc. (“Inter-Con,” “we,” or “us”) may hold about you. You (“Data Subject”) must be a resident of the European Union and provide us with sufficient information for us to verify your identity. Please complete this form and securely return to us by post or email.

POST	E-MAIL
ATTN: Legal Department Inter-Con Security Systems, Inc. 210 South De Lacey Avenue Pasadena, California 91105 United States of America	privacy@icsecurity.com Subject Line: GDPR Form – Name (Last, First, M.I.)

The information you provide will be processed solely for the purpose of verifying your identity and residency, identifying the information you are requesting, and responding to your request. Your personal information will be accessed by our Legal and Human Resources Departments only. Your proof of identification and residency will be deleted once your request has been answered.

We will answer your request, or request additional information from you, **within thirty (30) days** of receipt. We may extend this process for up to two (2) months, in which case we will notify you of the extension within a month of receipt.

The processing of this request is free of charge, but we reserve the right, as allowed under GDPR Article 12, to charge an administrative fee under certain circumstances. Please note that we may refuse to act on requests that are insufficiently substantiated, unfounded, or excessive.

We highly recommend that you visit our website (<https://www.icsecurity.com/privacy-policy/>) and review our policies. Should you have any questions or concerns, please contact us at privacy@icsecurity.com or toll-free at +1 (800) 439-5550.

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DATA SUBJECT INFORMATION

1.	Date of Request	
2.	Full Name (Last, First, Middle Initial)	
Please submit a copy of your proof of identity (e.g., passport, driver license, etc.) with this form.		
3.	Date of Birth (Year-Month-Day)	
4.	Home Address	
Please submit a copy of your proof of residence (e.g., utility bill, tax document, etc.) with this form.		
5.	Phone Number	
6.	Email Address	

7.	Please check all the boxes that apply to you.	<input type="checkbox"/> Job Applicant <input type="checkbox"/> Former Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Current Employee <input type="checkbox"/> Client <input type="checkbox"/> Authorized Agent
		<input type="checkbox"/> Other (Please describe):	
8.	Type of Request	<input type="checkbox"/> Request Collection and Use Disclosures <input type="checkbox"/> Access Personal Information <input type="checkbox"/> Update Personal Information <input type="checkbox"/> Delete Personal Information <input type="checkbox"/> File a Data Privacy Complaint <input type="checkbox"/> Other (Please describe):	
Please describe your request in further detail:			
9.	Have you submitted a GDPR request form to Inter-Con before?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		If yes, when?:	
10.	Is the information, if any, going to be sent to the Data Subject or his/her representative?	<input type="checkbox"/> To the Data Subject <input type="checkbox"/> To the representative	
If the information, if any, is going to be sent to a representative, the representative must confirm his or her authorization.			
Name of Authorized Representative			
Address Where Data is to be Sent			
Signature of Authorized Representative			
Date			

Date of Receipt: _____

Request No.: _____

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ AND UNDERSTOOD THIS DOCUMENT IN ITS ENTIRETY, AND BY SIGNING BELOW, I PERSONALLY, OR THROUGH MY AUTHORIZED AGENT, AM VOLUNTARILY AND LAWFULLY PROVIDING PERSONAL INFORMATION AND AUTHORIZE INTER-CON SECURITY SYSTEMS, INC. TO VERIFY MY IDENTITY, RESPOND TO MY REQUEST, AND CONTACT ME OR MY AUTHORIZED AGENT AS NECESSARY.

Signature

Date