

Data Opt Out & Removal Request Form

In order for us to assist you in the removal of your identifying information from our website it is vital that you submit this form fully filled out as instructed below. We understand that you may have some security concerns when sending us your information. We wish to reassure you that we abide by very stringent security protocols. All information you provide through the data opt out request process is ONLY used for the purposes of removing data from our databases. The information you submit to us is not stored, shared, sold, or used for any marketing purposes. It is used strictly to assist in the facilitation of the data removal request. Please visit our Privacy Policy page for more information.

Note: The following information is required to successfully remove your listing as it appears on our website:

Your Information

1. Full Legal Name

(First) (Middle) (Last) (Jr., Sr., III)

2. Other Names or Aliases (If different from above)

(First) (Middle) (Last) (Jr., Sr., III)

3. Date of Birth

(day/month/year)

4. Current Address

City State

Zip Code At the above address since

(month/year)

5. Email Address or Phone Number

(This information may be used to contact you in the case your form is improperly filled out or incomplete)

Reason for Request

Check all that apply for items 6 - 9:

6. Please select the reason for your request as listed below:

- You are a state, local or federal law enforcement officer or public official and your position exposes you to a threat of death or serious bodily harm
- You are a victim of identity theft
- You are at risk of physical harm
- You have evidence the record is incorrect or expunged (please attach copy of appropriate documents along with this form)
- You prefer to prohibit your information from being made available through our service.

It may further help us locate the information you wish removed/withheld if you provide us such details as the location of the data in question in a form of website/URL link.

Please be sure to include a copy of your state issued ID along with copies of any applicable court orders.

7. Copy of a valid government-issued photo-identification card (driver's license, state-issued ID card or your passport).

8. Please be sure to include a copy of any legal/court order or document when applicable.

9. Information such as First Name, Last Name, DOB, City, State and Zip Code are necessary and will only be used with this data removal request.

Once you have checked off everything on the list above please fax this form along with a copy of your state issued ID and any applicable documents to Fax: 1-617-933-9946. You may also mail us your request to Data Opt Out Department, P.O. Box 130369 Boston, MA 02113

Please allow upwards of 30 days for us to fully process your Data Opt Out request. Please note: We do not process Data Opt Out requests by email or over the phone. We may not be able to process incomplete requests which are missing proof of identification and/or vital information such as name, address and date of birth.

Although most information is usually removed or blocked permanently, we do not guarantee the information will not be available again in the future as we are not in direct control of the information distributed and obtained from official public records/government or third party sources. It is for this reason that we recommend you contact the custodian of the original record to request it be removed or corrected. This request will not remove information from third party websites.

Please be aware that we are not a “consumer reporting agency” as defined by the FCRA, as we do not provide any data for use in credit, insurance, or employment screening. We explicitly prohibit the use of our service and the data it supplies for such purposes.

Signature

Date

InfoPay

Data Opt Out Department
P.O. Box 130369
Boston, MA 02113

This Opt-Out form must be signed either by the person requesting to be opted out or by their legal representative. If you are signing this as their legal representative you must include a power of attorney stating such.