

Data Subject Access Request (DSAR) Form



You have the right to request for personal data we may hold about you. This is known as a Data Subject Access Request ("DSAR"). A data subject is an individual who is the subject of the personal data. If you wish to make a DSAR, please complete this form and return it to us by email to palmwestsound@gmail.com

PART 1 of 4 - PURPOSE OF REQUEST

Select One:

- ☐ I am completing this form myself as the data subject.
- ☐ I am completing this form as a representative for the data subject.

I am submitting a request to...

- ☐ ask a question about Palm West Sound's privacy policy
- ☐ know what information is collected from the data subject
- ☐ withdraw the data subject's consent to the processing of their information
- ☐ restrict the processing of the data subject's personal information
- ☐ edit / correct the data subject's personal information
- ☐ have the data subject's personal information deleted
- ☐ Other: _____

Please provide additional information for your request:

PART 2 of 4 - INFORMATION OF DATA SUBJECT

Data Subject's Full Name:

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Data Subject's Date of Birth:

Month

Day

Year

--	--	--

Data Subject's Contact Information:

Preferred Contact Method (Select)

☐ Call

☐ Text

☐ Email

Check if Available

Phone Number

Ext. (if applicable)

<input type="checkbox"/> Call <input type="checkbox"/> Text		
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Email

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Data Subject's Mailing Address:

Street Name and Number

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Box or Unit Number (if applicable)

City / Town / Community

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Province / State

Postal / ZIP Code

Country

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PART 3 of 4 - INFORMATION OF REPRESENTATIVE

*This part is only to be filled if you are a representative of the data subject completing this form.

FOR REPRESENTATIVES ONLY:**Representative's Full Name:**

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Representative's Contact Information:

Preferred Contact Method (Select)

☐ Call☐ Text☐ Email

Check if Available

Phone Number

Ext. (if applicable)

<input type="checkbox"/> Call <input type="checkbox"/> Text		
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Email

--

Representative's Mailing Address

Street Name and Number

--

Box or Unit Number (if applicable)

City / Town / Community

--	--

Province / State

Postal / ZIP Code

Country

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PART 4 of 4 - DECLARATION

DATED this _____ day of _____ in the year _____,
at _____ , _____
City / Town Province / State

I confirm that

- ☐ Under penalty of perjury, I declare all the above information to be true and accurate.
- ☐ I understand that the deletion or restriction of the data subject's personal data is irreversible and may result in the termination of services with Palm West Sound.
- ☐ I understand that the data subject and representative if applicable, will be contacted in order to validate and complete the request.

Signature of Data Subject

Signature of Representative

Data Subject Name (Print)

Representative Name (Print)

Ensure completion and submit this form to palmwestsound@gmail.com.

OFFICE USE ONLY:

Date Received:

Received By:

Signature of Authority