

AUTHORIZED AGENT NOTARY ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

A. To	Be Completed By Data Subject	ct:	
On	(insert date) I,		(name of Data
	Subject/you), acknowledge tha	(name of authorized agent)	
	following requests to Wiland, I	nc., on my behalf (select one or more	e): Access Request
I here	by certify that I am the person w	hose name is subscribed within this	Authorized Agent
Notar	y Acknowledgment Form as the	Data Subject and that below are my	current, accurate ful
name	, primary postal address and, if p	provided below, primary email addres	ss (Note: all
inform	nation below must match the info	ormation provided to Wiland through	the Wiland Privacy
Choic	es web page or toll free telephor	ne number).	
		(Full Name)	
		(Address line 1)	
		(Address line 2)	
		(Email address - optional)	
I certi	y under PENALTY OF PERJUR	Y under the laws of the State of	[insert
State]	that the foregoing paragraph is	true and correct.	



Signature		Print	
Name	· · · · · · · · · · · · · · · · · · ·		
B. To Be Completed	d By Notary Public:		
On	_ before me,		(name and title of
officer), personally ap	ppeared	(name	of Data Subject), who
proved to me on the	pasis of satisfactory evid	ence to be the person who	se name is subscribed
to the within instrume	nt.		
I certify under PENAL	TY OF PERJURY unde	r the laws of the State of _	[insert
State] that the forego	ing paragraph is true and	d correct.	
WITNESS my hand a	ınd official seal.		
Signature			(Seal)
Print Name			
State of	[insert State]		
County of	[insert County]		
C. To Be Completed	By Authorized Agent:		
On	_ (insert date) I,		(name of authorized
agent), acknowledge	that I have been authori	zed by	(name
of Data Subject) to su	ubmit the data request se	elected above on his/her be	ehalf and certify that I
am the person whose	e name is subscribed wit	hin this Authorized Agent N	lotary Acknowledgment
Form. If I am an auth	norized agent that is a co	empany or other legal entity	, I must also submit



evidence with this	form that the company or le	gal entity is registered with the secretary of state		
in the state where	I reside.			
I certify under PEN	NALTY OF PERJURY under	the laws of the State of[insert		
State] that the fore	egoing paragraph is true and	d correct.		
Signature		Print		
Name				
D. To Be Comple	eted By Notary Public:			
On	before me,	(name and title of		
officer), personally	appeared	(name of authorized agent),		
who proved to me	on the basis of satisfactory	evidence to be the person(s) whose name(s)		
is/are subscribed	to the within instrument and	acknowledged to me that she/he/they executed		
the same in his/he	er/their authorized capacity(i	es), and that by his/her/their signature(s) on the		
instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the				
instrument as the	authorized agent of the Data	a Subject.		
I certify under PEN	NALTY OF PERJURY under	the laws of the State of[insert		
State] that the fore	egoing paragraph is true and	d correct.		
WITNESS my han	nd and official seal.			
Signature		(Seal)		
Print Name				
State of	[insert State]			
County of	[insert County]			