*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 copy of this form must be submitted to us by the authorized agent. Please note, if Dometic 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.

1. **Requestor Information**

|  |
| --- |
| **Full Name** |
|  |
| **Email Address** |
|  |

1. **Authorized Agent Information**

|  |
| --- |
| **Full Name of Authorized Agent** |
|  |
| **Email Address of Authorized Agent** |
|  |
| **Phone Number of Authorized Agent** |
|  |

1. **Authorization**

I, Requestor, designate the Authorized Agent listed above for the sole purpose of submitting the following request(s) on my behalf:

[ ]  Request to delete my personal information;

[ ]  Request to access my personal information

[ ]  Request to correct my personal information;

By signing below and submitting this Authorized Agent Designation form, I affirm the following:

* I am a California resident.
* I am the Requestor whose name appears above and the information provided in this form is true and accurate.
* The Authorized Agent is either a natural person or a business entity.
* 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 Dometic on my behalf and authorize Dometic 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.
* I agree to indemnify Dometic for any and all claims that arise against Dometic in relation to its reliance on this Authorized Agent Designation form.

|  |  |
| --- | --- |
| **Signature of Requestor** | **Date** (*mm/dd/yyyy*) |