

# Request Form

Thank you for your interest in making a request regarding your Personal Information. Even if you do not have the right under state law to make a request to know or a request to delete, we may be able to provide you with some additional information.

Please complete and submit the form below. This form collects personal identifiers to verify the identity of the person making the request and allows us to respond to the Personal Information request. This information will be shared with our verification service provider. Required fields are indicated with an asterisk (\*).

Send your completed form to The Kirby Company (Kirby) in one of these two methods (or submit a form online at <https://www.kirby.com/privacy-policy/#ccpa>).

U.S. Mail

Kirby – Privacy Department  
1920 West 114<sup>th</sup> Street  
Cleveland, Ohio 44012

Email

to: [Privacy@kirby.com](mailto:Privacy@kirby.com)  
Attn: Privacy Department

Kirby will reply to your request within seven business days from the day the request is received.  
Kirby has 45 days to complete your request but will begin right away.

---

Today's Date\* \_\_\_\_\_

Select Request Type: (Choose one option per request)\*

Request to Know       Request to Delete

Choose your relationship with Kirby (Select All that Apply)\*

Consumer Customer  
 Consumer – Not a Customer  
 Business Customer  
 No Relationship with Kirby

Are you submitting this request for yourself?\*

Yes       No (you must include a power of attorney or proof of guardianship)

First Name\* \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name\* \_\_\_\_\_

Primary Phone Number\* \_\_\_\_\_ Email\* \_\_\_\_\_

Date of Birth\* \_\_\_\_\_

Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_