

## DATA ACCESS REQUEST FORM

Submit this Request to JC Resorts by completing the information below. Please note JC Resorts must verify your identity before this Request can be processed.

(If you are making this Request on behalf of another person, in Section 1 please provide the requested information pertaining to the person on whose behalf you are making this Request. Then provide documentation of your authority to make this Request, and provide your own information in Section 3.)

Title: _____	Email: _____
First Name: _____	Phone Number: _____
Last Name: _____	Residential Address: _____ _____

How did JC Resorts come to possess your personal information? Please check all that apply:

I stayed at your Hotel: If so, which Hotel?

\_\_\_\_\_

When was your most recent stay?

\_\_\_\_\_

I played golf at your Golf Resort: If so, which Golf Resort?

\_\_\_\_\_

Other: Please explain:

\_\_\_\_\_

What is your Request?\*

Delete my personal information:

I visited your Spa: If so, which Spa?

\_\_\_\_\_

When was your most recent stay?

\_\_\_\_\_

When was the last time you play at this Resort?

\_\_\_\_\_

I dined at one of your restaurants:  
If so, at which restaurant(s) have you dined?

\_\_\_\_\_

When was the last time you dined at one of our restaurants?

\_\_\_\_\_

Tell me the following about my personal information:

- |  |                          |
|--|--------------------------|
| the categories of personal information collected about me:                         | <input type="checkbox"/> |
| the specific pieces of personal information collected about me.                    | <input type="checkbox"/> |
| the categories of sources from which you collect personal information about me     | <input type="checkbox"/> |
| the business purpose for collecting my personal information                        | <input type="checkbox"/> |
| the categories of third-parties with whom you share my personal information        | <input type="checkbox"/> |
| the categories of my personal information that you disclose for a business purpose | <input type="checkbox"/> |

If you are making this Request on behalf of another person, provide your own information here, otherwise skip Section 3:

Title: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Please provide a copy of the documents giving you authority to make this Request on behalf of:

Signature: \* \_\_\_\_\_

Date: \* \_\_\_\_\_

\*Indicates a required field. Your Request will not be processed if you do not complete all required fields.