



**NOTIFICATION OF CLAIMED
INFRINGEMENT FORM**

Instructions: Please fill out the following form completely. Then print, sign and mail or fax the signed form to the Registered Agent of Safeguard:

Attn: Registered Agent Copyright Infringement
Safeguard Business Systems, Inc.
3680 Victoria Street North
Shoreview, MN 55126
Telephone: (651) 490-8496
Fax: (866) 731-8254
Email: ISPCopyrightAgent@deluxe.com

Dear Registered Agent of Safeguard,

I hereby certify that I am the owner (or authorized to act on behalf of the owner) of the copyrighted work(s) identified below. I have a good faith belief that the use of these copyrighted work(s) as identified below is not authorized by the copyright owner, its agent, or the law. I am hereby requesting that you either remove the infringing material or disable access to it.

Name of the copyright owner: _____

Name and/or description of the copyrighted work(s) being infringed (include registration number(s) if applicable): _____

Description of the infringing material and infringing use: _____

Location of the infringing material: _____

MY CONTACT INFORMATION

Name: _____ Title: _____

Company or Organization: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Telephone: _____ Fax: _____ Email: _____

Under penalty of perjury, I certify that the above information is true and correct.

Signature

Date