



**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](mailto: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