

MITCHELL STORES

Consumer Request to Access Personal Information ("Request to Know")

If you complete this form outside of our location, please email this form to privacy@mitchellstores.com or mail this form to:

Mitchell Stores
Attn: Privacy Coordinator
670 Post Road East
Westport, CT 06880

Name: _____ Telephone Number: _____

Address: _____

Email Address: _____

Most Recent Item Purchased from Wilkes Bashford/Mitchell Stores: _____

Last 4 Digits of Credit/Debit Card used for Most Recent Purchase/Payment: _____

Pursuant to applicable state law(s), you have the right to request that Mitchell Stores disclose the information below that we collected about you from the preceding twelve (12) months from the date of receipt of this request. By your check mark(s) below, please indicate which information you are requesting:

- Types of personal information that we have collected about you;
- Categories of personal information that we have collected about you;
- Categories of sources from which the personal information is collected;
- Categories of personal information that we have disclosed for a business purpose about you;
- Categories of third parties to whom we have disclosed the personal information for a business purpose;
- The business or commercial purpose for collecting personal information.

Please indicate any other details related to this request: _____

We will confirm receipt of your request within ten (10) business days and provide you with information about how we intend to process your request.

If your request is invalid for any reason, or if we require additional information to process this request, we will contact you directly using the contact information you provide to us on this form.

You may also call us at 1-844-855-4847 or email us at privacy@mitchellstores.com to make a request to access the personal information collected and used by us. To learn more about our privacy policy, go to <https://shop.mitchellstores.com/privacy>.

This request is signed under the pains and penalties of perjury.

Printed Name

Date

Signature

Relationship to Consumer (if other than named individual e.g. parent or guardian)