

## DMCA Complaint Form

Please complete the form below to register a DMCA request

### Contact Information

Copyright Owner Name	
Your Full Legal Name	
Your Title or Job Position	
Phone Number	
Fax Number	
Street Address	
City	
State/Province	
Zip/Postal Code	
Country	

### Infringing Content Information

Description of work(s) allegedly infringed	
URL or other description of <i>location</i> of the work(s) allegedly infringing	

## Legal Confirmation

By checking the following boxes, I state under penalty of perjury that:

<input type="checkbox"/>	I am the owner, or an agent authorized to act on behalf of the owner of an exclusive right that is allegedly infringed;
<input type="checkbox"/>	I have a good faith belief that the use of the material in the manner complained of is not authorized by the copyright owner, its agent, or the law;
<input type="checkbox"/>	This notification is accurate;
<input type="checkbox"/>	I acknowledge that under Section 512(f) of the DMCA any person who knowingly misrepresents that material or activity is infringing may be subject to liability for damages.

Typing your full name in this box will act as your digital signature:

[Submit Complaint](#)