OpenKagi

DMCA Counter-Notification

Submit this form electronically via email or send via post to the registered agent.

Full Legal Name

Organization (if applicable)

Address

Email

Phone

Title/Description of Copyrighted Work

URL(s) where the material appeared before removal

Date of Removal (if known)

☐ I have a good faith belief that the material was removed or disabled as a result of mistake or misidentification of the material to be removed or disabled.

☐ I consent to the jurisdiction of the Federal District Court for the judicial district in which my address is located, or if my address is outside of the United States,the jurisdiction of the United States District Court for the District of Columbia. I will accept service of process from the person who provided the original DMCA Notification or their agent.

Your Full Legal Name

Date