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## Formal Statement of Data Withholding and Request for Release

Project / Production Title: \_\_\_\_\_

Storage Device / Server: Western Digital (model/serial if known)

Date(s) of Data Creation: \_\_\_\_\_

### Statement

I, the undersigned, affirm the following:

1. I am a contributor to, rights holder of, or professional participant in media, footage, audio, or related intellectual property stored on a Western Digital hard drive or server currently inaccessible due to device failure.
2. The data stored on this device is essential to ongoing or completed professional work, including but not limited to film production, music, media distribution, archival preservation, contractual delivery, and related commercial or nonprofit projects.
3. Access to this data has been withheld following a hardware failure that was not caused by user negligence. Despite this, Western Digital has conditioned access or recovery of the data on paid services, without providing assurance that the data can or will be restored.
4. The continued inaccessibility of this data has resulted in:
  - Interruption of active projects
  - Inability to deliver contracted or commissioned work
  - Emotional distress and professional harm
  - Risk of permanent loss of intellectual property
5. I affirm that this data is jointly relevant to multiple parties and projects, and that the withholding of access affects more than one individual or entity.
6. I support collective legal review and coordinated action to compel the release, recovery, or subsidized restoration of the data, and to determine liability for damages resulting from its inaccessibility.
7. This statement is made in good faith for the purposes of legal documentation, advocacy, and protection of intellectual property rights.

### Request

We formally request that Western Digital:

- Restore access to the data without additional cost, or
- Release the storage media intact, or
- Provide recovery services at no cost due to failure originating from the device itself.

Failure to resolve this matter may result in coordinated legal action by affected parties.

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### Affirmation

By signing below, I affirm that the above statements are true to the best of my knowledge and that I consent to this document being used for legal review and collective action.

Name: \_\_\_\_\_

Role / Relationship to Project: \_\_\_\_\_

Email / Contact: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Optional Addendum (for Directors / Producers / Rights Holders)

I affirm that the withheld data is essential to an active or planned production and that its continued inaccessibility directly obstructs professional work.

Title / Affiliation: \_\_\_\_\_

Signature: \_\_\_\_\_