



CALIFORNIA CONSUMER PRIVACY ACT REQUEST FORM

First, Middle, and Last Name: _____

I am or have been in the last 12 months a California resident: "Yes" or "No"* Yes No

Address:

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____

Zip: _____

Email: _____ Phone Number: _____

Please describe in what capacity or context you have interacted with us to date in which you may have provided personal information to us: [Check All Boxes that Apply]

Employee

Job Applicant

Independent Contractor or Consultant

Website User

App User

Individual Customer (non-entity)

Service Provider, Vendor or Supplier

Other; please specify: _____

Type of Request:

Request to Know:

- Categories of personal information collected from or about me since 1/1/2022.
- Categories of sources from which the personal information was collected.
- Business purpose for which the personal information was used.
- Categories of third parties to which the personal information was disclosed since 1/1/2022.

Access Request:

- Please provide me with the specific pieces of personal information collected from or about me since 1/1/2022.

Request to Correct:

- Please correct personal information you have collected from me.

Please enter a short description of the personal information you believe is incorrect, using the box below.

*Please note you must be a California resident to request information based on the California Consumer Privacy Act.



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Request to Correct: • Please enter the correct personal information in box below

Are you sure you want us to correct the personal information that you have identified? Yes No

Request to Limit Use and Disclosure of Sensitive Personal Information

- Please limit your use and/or disclosure of my sensitive personal information to only those purposes expressly prescribed by the California Privacy Rights Act.

Yes No

Request for Deletion

- Please delete all personal information that you have collected from me.

Are you sure you want us to permanently delete all your personal information that we have collected from you?

Yes No

Request to Opt-Out of Sale/Sharing of Personal Information

- I do not want my personal information to be sold. Please cease and refrain from selling my personal information.
- I do not want my personal information to be shared with a third party for cross-context behavioral advertising purposes. Please cease and refrain from sharing my personal information for such purposes.

Authorized Agent Verification

This request has been submitted through an agent on my behalf: “Yes” or “No” Yes No

Agent’s First and Last Name: _____

This agent has been authorized in writing to submit this request on my behalf: Yes No