

California Privacy Rights Request Form

I am a resident of the state of _____

I attest under penalty of perjury that:

I am the individual described herein; or

I am a representative of the individual described herein

I am requesting the following (please check all that apply):

Request to know the categories of personal information collected, disclosed, used.

Request for the specific pieces of personal information held about me.

Request to delete personal information

First Name

Last Name

Email Address

Phone Number

Address

City

State

Zip

If authorized representative, complete the sections below:

Representative First Name

Representative Last Name

Representative Email Address

Representative Phone Number

Representative Address

Representative City

Representative State

Representative Zip