

Forms For Authorized Agents

Instructions: The AUTHORIZED AGENT must complete this form or provide documentation establishing registration with the California Secretary of State.

Declaration of Identity

1. I, _____ (Full Name: First, Middle Initial, Last) do hereby declare and certify that I reside at

_____ (Street Address) in

_____ (City/Town) in the State of California

2. I have been duly authorized by _____ (name of consumer) to make requests on his or her behalf, pursuant to the California Consumer Privacy Act and/or other applicable data protection law.

3. _____ (consumer name) is the registered customer for

telephone number _____ and for the following email

addresses: _____

4. I submitted Consumer Privacy Request # _____ in order to obtain information, deletion or opt-out rights on behalf of

_____ (consumer's name) and at his or her direction.

I swear or affirm, under penalty of perjury, that this statement is true and correct.

Signature of Authorized Agent

Date Signed

Name of Authorized Agent (type or print)

Instructions: Consumers requesting access or deletion of their information through an authorized agent should submit this form to verify the request.

Consumer Declaration to Authorize Agent

1. I, _____ (Full Name: First, Middle Initial, Last) do hereby declare and certify that I reside at

_____ (Street Address) in

_____ (City/Town) in the State of California

2. I am the registered customer for telephone number _____ and for the following email addresses: _____

3. I authorize _____ (Representative Full Name) of

_____ (Street Address) in

_____ (City/Town) in the State of

_____ (State) to submit Consumer Privacy Request

_____ on my behalf of order to obtain information and/or to request deletion or opt-out rights for me under the California Consumer Privacy Act.

I swear or affirm, under penalty of perjury, that this statement is true and correct.

Signature of Authorized Agent

Date Signed

Name of Authorized Agent (type or print)