

I. AFFIDAVIT FORM

Instructions: Complete this affidavit before a notary public and submit it to verify your request. Please note, we cannot accept the affidavit without the signature and seal of a licensed notary public

Consumer Affidavit 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.

(Consumer Signature)

Subscribed and Sworn before me this day: _____ (notary
public)