

AFFIDAVIT OF AUTHORIZED AGENTS

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

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. _____ (name of consumer) is the registered customer for telephone number _____ and for the following email addresses:
_____.

4. I am submitting this Consumer Data Request in order to exercise access and/or deletion rights on behalf of _____ (name of consumer) and at his or her direction.

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

Authorized Agent