**Consumer Access Request Form**

**Consumer Information**

|  |  |
| --- | --- |
| Name  |  |
| Date of Birth |  |
| Telephone number  |  |
| Mailing Address |  |
| City State Zip code |  |
| Email address |  |
| Name of facility you are requesting the information from  |  |

**Information Being Requested**

Specific pieces of personal information, collected or shared with third parties and for what business/commercial purpose.

Request to delete data.

We do not sell personal information that we have collected from consumers to any third parties.

By completing this form, you are making a Consumer Access request under California Consumer Privacy Act for personal information collected, held and disclosed about you that you are entitled to receive.

On this date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I affirm that I am the consumer, or authorized by the consumer to act on their behalf. I understand that misrepresentation may be subject to legal action.