Affidavits for Authorized Agents

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

Affidavit of Identity

(Full Name: First, Middle Initial, Last) do 1. I, 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: I submitted Consumer Privacy Request #_____ in order to 4. 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. Authorized Agent Subscribed and Sworn before me this day: (notary public)

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 Aut	horize Agent
1.]	I,	(Full Name: First, Middle Initial, Last) do
	(Street Addres	ss) in
	(City/Town	n) in the State of California
	registered customer for telephone number owing email addresses:	and for the
3.]	I authorize	(Representative Full Name) of
	(Street Addres	ss) in
	(City/Town	n) in the State of
	(State) to submit Consumer Priva	ncy Request
#	on my behalf of order to obtain i opt-out rights for me under the California Consu	nformation and/or to request deletion or umer Privacy Act.
I swear or a	affirm, under penalty of perjury, that this stateme	ent is true and correct.

(Consumer Signature)

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