

CALIFORNIA CONSUMER PRIVACY ACT REQUEST

Name: _____
First name *Last name*

I am a California resident: Yes or No

NOTE: Please note you must be a California resident to request information based on the California Consumer Privacy Act.

Address: _____
Address 1 *Address 2*

City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____
(Required information) *(Optional)*

Type of Request:

Language:

<input type="checkbox"/>	Access Request	Please send me a copy of the information SCM has collected about me in the last twelve months.
<input type="checkbox"/>	Request to Know	<ul style="list-style-type: none">• Categories of personal information collected about me in the last twelve months.• Categories of sources from which the personal information about me was collected.• Business purpose for which SCM uses the personal information collected about me• Categories of third parties with whom SCM shares or has shared the personal information collected about me in the last twelve months.
<input type="checkbox"/>	Request for Deletion	<ul style="list-style-type: none">• Please delete all personal information that SCM has collected from me.• Are you sure you want us to permanently delete all your personal information that we have collected from you? <input type="checkbox"/> Yes or <input type="checkbox"/> No

Authorized Agent Verification

This request has been submitted through an agent on my behalf: Yes or No

Agent's Name: _____
First name *Last name*

This agent has been authorized in writing to submit this request on my behalf: Yes or No