

# 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"/>	<b>Access Request</b>	Please send me a copy of the information SCM has collected about me in the last twelve months.
<input type="checkbox"/>	<b>Request to Know</b>	<ul style="list-style-type: none"><li>• Categories of personal information collected about me in the last twelve months.</li><li>• Categories of sources from which the personal information about me was collected.</li><li>• Business purpose for which SCM uses the personal information collected about me</li><li>• Categories of third parties with whom SCM shares or has shared the personal information collected about me in the last twelve months.</li></ul>
<input type="checkbox"/>	<b>Request for Deletion</b>	<ul style="list-style-type: none"><li>• Please delete all personal information that SCM has collected from me.</li><li>• 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</li></ul>

## 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