## **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

1. I, hereby declare and certify that I reside	(Full Name: First, Middle Initial, Last) dat
	(City/Town) in the State of California
2. I have been duly authorized by make requests on his or her behalf, pursual applicable data protection law.	(name of consumer) nt to the California Consumer Privacy Act and/or o
3(consumer i	name) is the registered customer for
telephone number	and for the following email
addresses:	
4. I submitted Consumer Privacy Req obtain information, deletion or opt-out right	uest # in order to nts on behalf of
(consumer's name) and	d at his or her direction.
I swear or affirm, under penalty of perjury,	that this statement is true and correct.
	Authorized Agent
ibed 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 Authorize Agent

1. I,	(Full Name: First, Middle Initial, Last) do
1. I, hereby declare and certify that I resi	de at
	(Street Address) in
	(City/Town) in the State of California
2. I am the registered customer for telep following email addresses:	shone number and for
3. I authorize	(Representative Full Name) of
	(Street Address) in
	(City/Town) in the State of
(State) to	submit Consumer Privacy Request
# on my be deletion or opt-out rights for me und	chalf of order to obtain information and/or to request der the California Consumer Privacy Act.
I swear or affirm, under penalty of perju	ary, that this statement is true and correct.
	(Consumer Signature)