

AGENT AUTHORIZATION FORM
CALIFORNIA CONSUMER PRIVACY ACT

I, _____, authorize _____ as my agent to submit a request to know or a request to delete pursuant to the California Consumer Privacy Act.

Signature of represented customer

PRINT NAME: _____

Date: _____

Notarization

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20____.

Notary Public

Commission expiration date