

Submitter Information

Date _____

First
Address

Last

Phone

Email

Last 4 Digits of Social Security Number

Date of Birth

Scott & Associates Account Number (if known)

REQUEST - Pursuant to the California Consumer Policy Act, I hereby declare under penalty of perjury that the information above is true and correct and that I (the individual described above) am the individual that is providing the information above.

I hereby request the categories of information that you have collected about me.

Request categories of information.

I hereby request identification of the specific information that you have collected about me.

Request identification of specific information.

I hereby request the categories of third parties to which you have disclosed information about me.

Request categories of third parties.

I hereby request deletion of the following information that you have collected about me. (I acknowledge that the information that I am requesting be deleted may be subject to various exceptions and that you will inform me if my request cannot be honored because of such exceptions.)

Request deletion.

Signature