



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, _____ (Full Name: First, Middle Initial, Last) do hereby declare and certify that I reside at

_____ (Street Address) in
_____ (City/Town) in the State of California

2. I have been duly authorized by _____ (name of consumer) to make requests on his or her behalf, pursuant to the California Consumer Privacy Act and/or other applicable data protection law.

3. _____ (consumer name) is the registered customer for
telephone number _____ and for the following email
addresses:

4. I submitted Consumer Privacy Request # _____ in order to
obtain information, deletion or opt-out rights on behalf of
_____ (consumer's name) and at his or her direction.

I swear or affirm, under penalty of perjury, that this statement is true and correct.

Authorized Agent

Subscribed and Sworn before me this day: _____ (notary public)