**California Consumer Privacy Act (CCPA) Consumer Request Form**

This CCPA Consumer Request Form allows Sun World to collect information for a request concerning the processing of personal information about consumers in California.

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| **Consumer Identification and Contact Details** |
| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address Line 1: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address Line 2: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | State: | \_\_\_\_\_\_\_\_\_\_\_\_\_ | Zip:  | \_\_\_\_\_\_\_\_\_\_\_\_ |
| Email: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Unique identifiers or related information to help us locate your personal information (such as employee number, etc.): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Relationship to Consumer** |
| Relationship to Consumer ☐ Self ☐ Authorized Agent |
| If Authorized Agent, please fill in below and request that individual submit proof of authorization to Sun World: [EMAIL ADDRESS] and forward to legal. |
| Name:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address Line 1: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address Line 2: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | State: | \_\_\_\_\_\_\_\_\_\_\_\_\_ | Zip:  | \_\_\_\_\_\_\_\_\_\_\_\_ |
| Email: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Relationship to consumer:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Verification** |
| We require proof of your identity before we can respond to your request. To help us establish your identity, you must provide identification that clearly shows your name, date of birth, and current address. We will contact you for advice on how to provide this information or for advice on other acceptable forms of identification if you do not have such documentation.  |

*Note: We will generally acknowledge the receipt of this form within ten (10) business days. We will generally process all such requests within forty-five (45) days of receipt of this form, and will inform you if we require an additional forty-five (45) days.*

*All requests are subject to limitations set forth in the CCPA. If the request is subject to a limitation or otherwise denied, we will inform you of the basis for the limitation or denial.*

**Declaration**

I declare under penalty of perjury that the foregoing is true and correct and that I am the consumer listed above to whom the personal information pertains (or a person authorized to make this request on behalf of such consumer). I understand that any false representation to knowingly and willfully obtain personal information of a third party may be punishable by law.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Access Requests** |
| ☐ **Categories:** I request that Sun World disclose certain information to the consumer about Sun World’s collection and use of the consumer’s personal information in the preceding twelve (12) months, including: * Categories of personal information collected;
* Categories of sources personal information was collected from;
* Business or commercial purpose for collecting personal information;
* Categories of third-parties to whom personal information was shared; and
* Categories of third parties to whom Sun World “sold” or “shared” personal information, if applicable.

☐ **Specific Pieces:** I request Sun World to provide me with the specific pieces of personal information Sun World has about the consumer in a generally portable format (subject to limitations described below).***Note:*** *Each of the above may be subject to further limitations. If the request is subject to a limitation or otherwise denied, we will inform the consumer.* ***Note:*** *We cannot disclose a consumer’s social security number, driver’s license number, or other government-issued ID, financial account number, health insurance number, account password, or security questions or answers. We will redact such pieces of personal information, but we will provide you general description of the information redacted.*  |
| **Deletion Requests** |
| ☐ I request to have the consumer’s personal information deleted.*\* Note: This will be subject to verification. You will have to return a written confirmation that they want their information deleted.*  |
| **Correction Requests** |
| ☐ I request to have the consumer’s incorrect personal information corrected.*\* Note: You will have to provide appropriate documentation that the information Sun World currently has is incorrect and that the information provided by you is complete and correct. We will only use the information you provide for the purpose of correcting the personal information and for recordkeeping as required under the CCPA.*  |

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| **For Office Use Only** |
| Date Received: \_\_\_\_\_\_\_\_\_\_\_ Date acknowledged: \_\_\_\_\_\_\_\_\_\_\_ Date completed: \_\_\_\_\_\_\_\_\_\_\_Identity verification method: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Action Taken: ☐ Complied ☐ Declined in part ☐ DeclinedReason for Denial: (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Payment Required: ☐ Yes ☐ No Fee received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |