

CALIFORNIA CONSUMER PRIVACY ACT REQUEST

First Name: _____ Last Name: _____

I am a California resident:

YES

NO – Please Note: you **MUST** be a California Resident to request information based on the California Privacy Act.

Street Address 1 (Required): _____

Address line 2: _____

City _____ State _____ Zip _____

Email (Required): _____

Phone Number (Required): _____

Type of Request

Language

	Access Request	Please send me a copy of the information Andreini & Company has collected about me in the last twelve months.
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	Request to Know	<ul style="list-style-type: none"> • Categories of personal information collected about me in the last twelve months. • Categories of sources from which the personal information about me was collected. • Business purpose for which Andreini & Company uses the personal information collected about me • Categories of third parties with whom Andreini & Company shares or has shared the personal information collected about me in the last twelve months.
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	Request for Deletion	<ul style="list-style-type: none"> • Please delete all personal information that Andreini & Company has collected from me. <p>Are you sure you want us to permanently delete all your personal information that we have collected from you?</p> <p style="text-align: center;">YES NO</p>
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	Request to Opt Out of Sale of Information	<ul style="list-style-type: none">• I do not want my personal information to be sold. Please cease and refrain from selling my personal information.
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This request has been submitted through an agent on my behalf: Yes No

Agent's First Name: _____ Last Name _____

This agent has been authorized in writing to submit this request on my behalf: Yes No