

## CCPA Consumer Rights Request Form

If you are a California resident, you have certain rights under the California Consumer Privacy Act (“CCPA”). Upon submission of a verifiable consumer request, you have the right to request that we provide disclosures about or access to, in a portable and (if technically feasible) readily usable form: the specific pieces and categories of personal information that we have collected about you in the past twelve (12) months (from the date of our receipt of the request); the categories of sources from which your personal information was collected; the categories of personal information we sold or shared about you and the categories of third parties to which each category of personal information was sold or shared; the categories of personal information we disclosed about you for a business purpose and the categories of persons to which the personal information was disclosed; and the business or commercial purposes for collecting, selling, or sharing your personal information. California residents also have the right to submit a request for deletion of their personal information under certain circumstances; and the right to correct inaccurate personal information.

California residents also have the right to opt out of the sale or sharing of their personal information via cookies and tracking technologies on our websites. To opt out of the sale or sharing of your personal information, click the “***Do Not Sell or Share My Personal Information***” link in the footer of our websites.

*\* indicates a required field*

FIRST NAME \*

MIDDLE NAME (OPTIONAL)

LAST NAME \*

SELECT ALL THAT APPLY

- ☐ Request for disclosure about data collected about me
- ☐ Request for access to the data collected about me
- ☐ Request for deletion of the data collected about me
- ☐ Request for correction of the data collected about me

### **Additional information needed to verify your identity for request processing**

*\* indicates a required field*

TODAY'S DATE

ADDRESS 1

ADDRESS 2

CITY

STATE

POSTAL CODE

ORDER NUMBER (IF KNOWN)

DESCRIPTION/AMOUNT OF RECENT PURCHASE (IF KNOWN)

DATE OF RECENT PURCHASE (IF KNOWN) \_\_\_\_\_

CONTACT PHONE \* \_\_\_\_\_

CONTACT EMAIL \* \_\_\_\_\_

Please indicate how you would like to receive the information requested above by checking one of the following boxes.

☐ By Mail (at Address above)

☐ By Email (at Email above)

**Prior Information (optional)**

You may also submit prior information.

PRIOR PHONE NUMBER(S)

PRIOR LAST NAME(S)

PRIOR ADDRESS(ES)

ACKNOWLEDGEMENT \*

☐ I understand that I may make a verifiable consumer request twice within a twelve (12) month period. If I have submitted a request for deletion, I understand that, while I have the right to request deletion of my personal information, Essex Classic or its affiliate may be able to retain some or all of the personal information for a variety of reasons, such as to comply with a legal obligation. I further understand that Essex Classic or its affiliate will respond to my request as necessary using the information I provided above.

For more information on your rights under the CCPA, please see our [privacy policy](#).