California Consumer Privacy Act

Thank you for your interest in making a request under the California Consumer Privacy Act ("CCPA").

Please complete and submit the form below. This form collects personal identifiers to verify the identity of the person making the request and allows us to respond to the personal information request. This information will be shared with our verification service provider. Required fields are indicated with an asterisk (*).

Send your completed form to CWP Technologies in one of these two methods (or submit a form online at <u>https://www.cwptechnologies.com/privacy-policy.php</u>

U.S. Mail	Email
CWP Technologies – CCPA Department	to: Privacy@scottfetzer.com
3881 West 150 th Street	Attn: CCPA Department
Cleveland, Ohio 44111-5887	

Readivac will reply to your request within seven business days from the day the request is received. Readivac has 45 days to complete your request but will begin right away.

Today's Date*		
Select Request	Type: (Choose one option per requ	iest)*
□ Request to	Know 🛛 Request to Delete	
□ Consumer C □ Consumer – □ Business Cu	Not a Customer stomer	Select All that Apply)*
	ship with CWP Technologies	
Are you submi	tting this request for yourself?*	
□ Yes	□ No (you must include a power of	attorney or proof of guardianship
First Name*	Middle Initial	Last Name*
Primary Phone	Number*	_ Email*
Date of Birth*		
Address*		
City*	State*	Zip Code*