

# DECLARATION FORM

The following CCPA requests require that you submit a declaration under penalty of perjury that you are the consumer for whom the request is being made:

- Request to Know Specific Information
- Request to Delete Personal Information

Please provide the following information which is required and submit to us using the [UPLOAD](#) option, or by mail to: 10255 W. Higgins Road, Suite 300, Rosemont, IL 60018, Attn: CCPA.

**Request Type:**

- Right to Know – Specific Pieces of Personal Information
- Request to Delete Personal Information

**Consumer Declaration:**

I acknowledge that I am a California resident and the person making the request noted above under the California Consumer Privacy Act. I acknowledge that I am making this request in good faith and on behalf of myself.

Please provide your signature and print your name and the date in the spaces provided below.

**I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.**

\_\_\_\_\_  
**Consumer Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**City, State (where signed)**

**CCPA-DF 07/2020**