# **CCPA Request Form**



## Section 1: Select site you are contacting us regarding your personal information?

Section 2: Request Subject Information				
First Name*	Last Name*	Email*	State*	

### Section 3: Request Type

#### **Right to Know**

- Specific pieces of personal information collected about me
- Categories of personal information collected about me
- Categories of sources from which my personal information is collected
- Categories of my personal information disclosed for a business purpose
- Categories of third parties to whom my personal information was disclosed for a business purpose
- Business purpose for collecting or selling my personal information

## **Right to Access**

Request a copy of the personal information we have collected from you.

## **Right to Deletion**

Delete all personal information that you collected from me (Subject to available exceptions under Section 1798.105(d) of the Cal. Civ. Code).

# Please email your completed form to: privacy@vitalmedianet.com