

INDIVIDUAL RIGHTS REQUEST FORM

This form is used to exercise one or more of your rights under the California Consumer Privacy Act in relation to your personal data.

Answer the questions below to help us process your request.

1. About You

Title	
Name	
Address	
Town/City	
Zip code	
State	
Contact phone number	
Email address	

In case we have a query about your request, how would you like us to contact you? (*tick one*)

By mail By email By phone

2. Further details

Are you the individual?

- Yes, I am the individual (we will ask you to confirm your identity)
- No, I am acting on behalf of the individual with their express permission, or with the appropriate legal authority (we will ask for a letter of authority).

How are you exercising these rights? (*tick one*)

Customer Employee/Contractor Other:

3. The Request

Which rights do you want to exercise?	<input type="checkbox"/> Access <input type="checkbox"/> Deletion <input type="checkbox"/> Opt-out of sale
What information does your request relate to?	
When/how did you supply this information, if relevant? (Approximate dates will help us)	
If you would like to limit your request to certain dates/categories, please specify:	

4. Next Steps

Please send a copy of this form to privacy@fitsmallbusiness.com.

We may then request from you some further documentation to authenticate your identity. We advise that you retain a copy of this form for your own records.