

**AloeVita
California Consumer
Personal Information Request Form**

I confirm that I am a California consumer as defined in section 1798.140(g) of the California Consumer Privacy Act.

Please check the applicable box	Personal Information Request	Verification
<input type="checkbox"/>	Please disclose the categories of Personal Information that AloeVita currently retains about me.	<p>Any of the following pieces of information may be provided below to fulfill your request: Name, email address, or phone number.</p> <p>We reserve the right to ask for additional pieces of information to fulfill your request.</p> <p>1. _____ _____</p> <p>2. _____ _____</p> <p>(2 pieces of information required)</p>
<input type="checkbox"/>	Please disclose the specific pieces of Personal Information that AloeVita currently retains about me.	<p>1. _____ _____</p> <p>2. _____ _____</p> <p>3. _____ _____</p> <p>(3 pieces of information required)</p>

<input type="checkbox"/>	Please delete my personal information.	1. _____ _____ 2. _____ _____ 3. _____ _____ (3 pieces of information required)
--------------------------	--	---

I declare under penalty of perjury that **I am the consumer whose personal information is the subject of this request** and whose information is contained within it.

Printed Name: _____
Signature: _____
Date: _____
Address: _____
Phone No.: _____
Age: _____

I declare under penalty of perjury that **I am the authorized agent of the consumer whose personal information is the subject of this request.** A notarized statement containing my signature and the signature of the consumer I represent is attached to confirm my authority to make this request.

Agent Printed Name: _____
Agent Signature: _____
Date: _____
Address: _____
Phone No.: _____
Age of Consumer: _____

How would you like to receive the information you have requested:

- Email
- Mail

Please provide the address where we should send the requested information:

Name: _____

Email Address: _____

Physical Address: _____
