

# CALIFORNIA CONSUMER OPT OUT REQUEST

You are entitled to request to opt out of any selling or sharing of any personal data we hold about you under the California Privacy Right Act of 2020 (CPRA).

We will do our best to respond promptly and in any event within forty five (45) days, of ninety (90) days if necessary, of the following:

- Our receipt of your written request; or
- Our receipt of any further information we may ask you to provide to enable us to comply with your request, whichever happens to be later.

The information you supply in this form will only be used for the purposes of responding to your request. You are not obliged to complete this form to make a request, but doing so will make it easier for us to process your request quickly.

## SECTION 1: Details of the person requesting information

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

## SECTION 2: Are you the data subject?

Please tick the appropriate box and read the instructions which follow it.

- YES:** I am the data subject. I enclose proof of my identity (see below).
- NO:** I am acting on behalf of the data subject. I have enclosed the data subject's written authority and proof of the data subject's identity and my own identity (see below).

To ensure we are providing data of the right person we require you to provide us with proof of your identity and of your address. Please supply us with a photocopy or scanned image (do not send the originals) of one or both of the following:

### 1) Proof of Identity

Passport, photo driver's license, national identity card, birth certificate.

2) Proof of Address

Utility bill, bank statement, credit card statement (no more than 3 months old); current driver's license;

If we are not satisfied you are who you claim to be, we reserve the right to refuse to grant your request.

I HEREBY OPT OUT OF THE SELLING OR SHARING OF MY PERSONAL DATA WITH ANY THIRD PARTY.

**SECTION 3: Declaration**

I confirm that I have read and understood the terms of this subject access form and certify that the information given in this application to \_\_\_\_\_ is true. I understand that it is necessary for \_\_\_\_\_ to confirm my/the data subject's identity and it may be necessary to obtain more detailed information in order to locate the correct personal data.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Documents which must accompany this application:**

- **Evidence of your identity (see section 2)**
- **Evidence of the data subject's identity (if different from above)**
- **Authorization from the data subject to act on their behalf (if applicable)**

**Contact Information:**

**By mail:** M.A. Ford Mfg. Co., Inc.

7737 Northwest Blvd.

Davenport, Iowa USA 52806

**By Phone:** 800-553-8024/563-391-6220

**By email:** sales@maford.com