

## **Personal Information Request Form for California Residents**

If you are a California resident, you may use this form to submit a request under the California Consumer Privacy Act (CCPA) about your personal information collected by Buchanan Ingersoll & Rooney PC or Buchanan Ingersoll & Rooney LLP (collectively, "Buchanan").

Note that personal information obtained in the course of representing our clients may be subject to legal protections that restrict disclosure or deletion, including the attorneys' professional duty of confidentiality, the attorney-client privilege, the attorney work product doctrine, judicial protective orders, and other legal privileges or protections.

Please see our [Privacy Policy](#) for information about how we respond to personal information requests from California consumers.

**NOTE: To submit from this PDF, open the document using Acrobat and click the submit button at the end of the form. If you open the PDF in a browser, you will have to save it first and then email it to [privacy-inquiries@bipc.com](mailto:privacy-inquiries@bipc.com).**

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### **This request is made for:**

Myself

My household (at the postal address shown below)

Person named below for whom I am the authorized agent

### **Contact and Verification Information and Authorization:**

Please provide your contact information below.

Your name:

E-mail address:

Postal address:

Telephone number:

### **Authorized Agent**

If you are submitting this on behalf of someone else, please state your relationship to the person about whom this request relates. We may require proof of your authority to act on that other person's behalf (e.g. power of attorney, proof of guardianship).

Authorized Agent for (if applicable):

Your Relationship (if applicable):

Phone Number:

**Type of request for the person or household identified above**

**Right to Know**

(If you request the following options, we will provide such information for the preceding 12 months.)

Please send list of categories, sources and purposes of personal information collected

Please send list of categories of third parties with whom personal information was shared.

Please list specific pieces of information collected. (Note that specific sensitive information, such as social security number or credit card number, is not provided.)

**Right to Delete**

Delete all personal information (subject to CCPA exceptions)

**OR**

Delete the categories of PI selected below (subject to CCPA exceptions):

- *Name, e-mail and street address and other contact information*
- *Personal identifiers such driver's license or passport number (if any)*
- *Payment card (if any)*
- *Transaction history*
- *Financial information*
- *Medical information*
- *Professional, education, or employment-related*

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**How We Will Respond to Your Request:**

We will respond to your personal information request in the time, manner, and subject to the exceptions and limitations in the CCPA. If you request the categories, specific pieces or third party sharing information, we will provide such information for the preceding 12 months.

Please specify below how you want us to contact you about this request:

Email

Postal Mail

**Your Authority:**

By making a request for the above-named individual or household at the above address, you confirm that you are making the request either **(1)** in your own name as a resident of the State of California or **(2)** for such other individual as otherwise permitted under the law (e.g., parent, legally appointed guardian, or member of the household in question) of a resident of the State of California.

**Request Approval**

I declare under penalty of perjury that I am the individual consumer whose Personal Information is the subject of this request.

I declare under penalty of perjury that I am the Authorized Agent of the individual whose Personal Information is the subject of the request. I understand I will be required to provide proof in writing of my status as the individuals Authorized Agent and additional information to confirm my identity.