CALIFORNIA CONSUMER PRIVACY ACT REQUEST

Nam	e:(Please Print)				
I am	or have been in the last 12 months a California resident: Yes No				
Please	Please note, you must be a California resident to request information based on the California Consumer Privacy Act				
Add	'ess				
	Code				
	il				
	e Number:				
You	Signature Date				
DM(111(Orar	e Return Completed Form to HR at <u>www.hrteam@dmghvac.com</u> or mail to : W. Taft Ave ge, CA 92865 Human Resource Department				
	se describe in what capacity or context you have interacted with us to date in which you ma provided personal information to us: [Check All Boxes that Apply]				
	Employee				
	Job Applicant				
	Independent Contractor or Consultant				
	Website User				
	App User				
	Individual Customer (non-entity)				
	Service Provider, Vendor or Supplier				

□ Other; please specify _____

Type of Request

Request to Know	Please enter a short description of the category of personal information you wish to know that was collected from you .
	Please let me know the business purpose for which my personal information was used. Yes No
	Please let me know the third parties to which my personal information was disclosed Yes No

Access Request	Please enter a short description of the specific piece(s) of personal information that you wish to access that was collected from or about you.

Request to Correct	Please enter a short description of the personal information you believe is incorrect below:
	Please enter the correct personal information below:

Request for Deletion	Please delete all personal information that you
•	have collected from me. Yes No
	Are you sure you want us to permanently delete all
	your personal information that we have collected
	from you? Yes No
	Diagon delate the following nervouslinf-
	Please delete the following personal information
	that you have collected from me. Please enter a
	short description of the personal information you
	would like deleted below:
	would like deleted below.