



## California Consumer Privacy Act Consumer Request Form

*Pursuant to CA Title 1.81.5 Section 1798.100 et al*

The California Consumer Protection Act provides certain "Rights" to its consumers. This form acts as the consumer request form to fulfill the rights of California Consumers under this law.

Consumer First and Last Name: \_\_\_\_\_

Consumer Property Address: \_\_\_\_\_

Consumer Last four of Social Security Number: \_\_\_\_\_

Consumer Date of Birth (Month/Date/Year): \_\_\_\_\_

I \_\_\_\_\_ hereby attest, under penalty of perjury, that I am a California resident  
Consumer Name

Please note that Brookhollow Mortgage Services, LTD does not sell any consumer information. As such, the rights to request the disclosure of information sold or requesting that we stop selling your personal information are not applicable.

I am completing this form in order to exercise the following rights (please check the rights you are exercising):

Right to request the categories and specific pieces of personal information collected

Right to request the deletion of personal information collected

Right to request the disclosure of the following information:

(1) The categories of personal information it has collected about that consumer

(2) The categories of sources from which the personal information is collected

(3) The business or commercial purpose for collecting or selling personal information

(4) The categories of third parties with whom the business shares personal information

(5) The specific pieces of personal information it has collected about that consumer

Right to request who the company discloses information to for a business purpose, which includes:

(1) The categories of personal information that the business collected about the consumer.

(2) The categories of personal information that the business disclosed about the consumer for a business purpose.

Please note that, if requested, the above rights will be fulfilled within forty-five calendar days. If we are unable to meet the requisite forty-five calendar day deadline, we will inform you of any requisite extension of time, which may include an additional forty-five calendar days.

If you are authorized to act on the behalf of the consumer identified on this form, please provide evidence of such pursuant to Section 999.326 of the California Code.

By signing below, I hereby certify that all of the above information is accurate and true. Furthermore, I confirm that I am the person represented on this form seeking this request(s) and understand that I may be subject to both criminal and civil legal action if determined otherwise.

\_\_\_\_\_  
Consumer Printed Name

\_\_\_\_\_  
Date (Month/Day/Year)