CALIFORNIA CONSUMER PRIVACY ACT REQUEST

Name	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				
Addr	ess				
City_					
State					
Zip C	Code				
Emai	l				
Phon	e Number:				
Your	Signature	Date			
Pleas	e Return Completed Form to HR at <u>www.hrteam@dmghvac.com</u> or	mail to :			
Oran	G W. Taft Ave ge, CA 92865 Human Resource Department				
	e describe in what capacity or context you have interacted with us to provided personal information to us: [Check All Boxes that Apply]	date in which you may			
	Employee				
	Job Applicant				
	Independent Contractor or Consultant				
	Website User				
	App User				
	Individual Customer (non-entity)				

- \Box Service Provider, Vendor or Supplier
- □ Other; please specify _____

Type of Request

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		
	110111 you: 1 es 1 No		
	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:		