

REQUEST FORM FOR CALIFORNIA RESIDENTS

California residents can use this form to submit requests under the California Consumer Privacy Act, Cal. Civ. Code §§1798.100, *et seq.* (“CCPA”) regarding personal information collected by Vedder Holsters, LLC (“Vedder Holsters”). Vedder Holsters may be required to refuse your requests, in whole or in part, to the extent permitted by law, if we are unable to verify your identity or your authority to act on behalf of another person. We may also ask you to provide additional information for some requests to verify your identity or your authority to act on behalf of the consumer subject to the request. Vedder Holsters will use the information you provide through this form to respond to your requests, including to verify your identity, to identify personal information responsive to your requests, and to keep records of your requests.

REQUESTS

Requestor Information

Consumer' First Name: _____

Consumer's Last Name: _____

Consumer's Postal Address and/or Email Address: _____

I confirm that I am a resident of the State of California

Are you the Consumer?

Yes, I am making a request regarding my personal information.

No, but I am acting as an authorized agent for the consumer. I have uploaded a California Authorized Agent Designation form completed and signed by the consumer using this [link](#).

Specify your Request(s) - Check all that Apply

I request to know the categories of personal information that Vedder Holsters has collected, used, disclosed, and/or sold about the consumer.

I request to obtain the specific pieces of personal information that Vedder Holsters has collected about the consumer.

I request to delete personal information that Vedder Holsters has collected about the consumer.