

California Consumer Privacy Act – Request Form

To process your data request, we need some basic information from you. We will only use personal information provided in a consumer request to verify the requestor’s identity or authority to make the request.

We cannot respond to your request or provide you with personal information if we cannot verify your identity or authority to make the request and confirm that the personal information relates to you.

The information we request below, and any additional information we may request when reviewing your submission, is to assist us in verifying your identity, fulfilling your request, and responding to your request.

VERIFICATION STANDARDS:	
Request to Know – Categories of Information:	If you are requesting categories of information, we will verify your identity to a reasonable degree of certainty, meaning we will require at least two data points provided by you to match at least two data points we have on file for you.
Request to Know – Specific Pieces of Information:	If you are requesting specific pieces of information, we will verify your identity to a reasonably high degree of certainty, meaning we will require at least three data points provided by you to match at least three data points we have on file for you. We will also require a signed declaration under penalty of perjury that you are the person whose personal information is the subject of this request.
Request to Delete:	We will determine the standard of verification (reasonable degree of certainty or reasonably high degree of certainty) depending upon the sensitivity of information we have on file and the risk of harm to the consumer posed by unauthorized deletion.

Complete the form below and submit by email at legal@2mpgroup.com

For more information, please see our [Privacy Policy for California Consumers](#).

2MP Group CCPA Request Form	
First Name:	Last Name:
<i>For verification purposes, please enter your home address and contact information, as applicable.</i>	
Address:	City: State: Zip Code:
Phone Number:	Email Address:
Date of Birth (MM/DD/YYYY):	Last 4 of Social Security #:
Driver’s License #:	State of Issuance:
Passport #:	Country of Issuance:
Are you a third party acting on behalf of a California resident?* <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a current or former client? <input type="checkbox"/> Current Client <input type="checkbox"/> Former Client <input type="checkbox"/> Not a Client	
What type of request are you making? <input type="checkbox"/> Request to Know: The categories of sources and information we’ve collected about you <input type="checkbox"/> Request to Know: Specific pieces of information we’ve collected about you <input type="checkbox"/> Request to Delete: Specific pieces of information we’ve collected about you	
Requestor Name (Print):	Request Date:
Requestor Signature:	

For additional information, please email or call us at:

Call : (702) 518-9665

Email : legal@2mpgroup.com

*If a party other than the consumer whose personal information is the subject of this request is making this request, we will require written authorization by the consumer demonstrating that the person making this request is authorized to act as an agent on behalf of the consumer. We will require the consumer to verify their identity directly with us. When a party is acting as authorized by a Power of Attorney or some other instrument that allows actions on behalf of an incapacitated consumer, we will allow that party to verify the consumer’s identity on behalf of the consumer.