

California Consumer Privacy Act

Thank you for your interest in making a request under the California Consumer Privacy Act (“CCPA”).

Please complete and submit the form below. This form collects personal identifiers to verify the identity of the person making the request and allows us to respond to the personal information request. This information will be shared with our verification service provider. Required fields are indicated with an asterisk (*).

Send your completed form to Readivac in one of these two methods (or submit a form online at <https://www.readivac.com/privacy-policy.php>

U.S. Mail

Readivac – CCPA Department
3881 West 150th Street
Cleveland, Ohio 44111-5887

Email

to: Privacy@scottfetzner.com
Attn: CCPA Department

Readivac will reply to your request within seven business days from the day the request is received.
Readivac has 45 days to complete your request but will begin right away.

Today's Date* _____

Select Request Type: (Choose one option per request)*

Request to Know Request to Delete

Choose your relationship with Readivac (Select All that Apply)*

Consumer Customer
 Consumer – Not a Customer
 Business Customer
 No Relationship with Readivac

Are you submitting this request for yourself?*

Yes No (you must include a power of attorney or proof of guardianship)

First Name* _____ Middle Initial _____ Last Name* _____

Primary Phone Number* _____ Email* _____

Date of Birth* _____

Address* _____

City* _____ State* _____ Zip Code* _____