

NIC

CCPA California Resident Request Form

Please return completed form to NIC: privacy@egov.com

First Name including all versions (i.e. Bill, Billy, William, etc.):

Last name:

Date of birth:

Phone number:

Email:

Address:

Employee number/Agent Reference (if applicable):

Description of your last two transactions with NIC (required if making a request for specific information or to delete your personal information):

By completing this form, you are making a request under the California Consumer Privacy Act (CCPA) for information held about you by the organization that you are eligible to receive.

Required information (check all that apply):

- The categories of personal information the business collected about the consumer
- The categories of sources from which personal information is collected
- The business or commercial purpose for collecting or selling personal information
- The categories of third parties with whom the business shares personal information
- The specific pieces of personal information the business has collected about the consumer (may require additional verification)
- The categories of the consumer's personal information that were sold or disclosed for business purposes in the 12 months preceding the consumer's verifiable request

Request to delete personal information:

- All personal information

Specific personal information: _____

By signing below, you indicate that you are the individual named above and that you are a California resident. If you are making a request to know specific pieces or information or have your personal information deleted, you declare under penalty of perjury that you are the consumer whose personal information is the subject of the request. NIC cannot accept requests regarding your personal data from anyone else, including family members, unless evidence is provided of authority to act on your behalf. We may need to contact you for further identifying information before responding to your request. You warrant that you are the individual named and will fully indemnify us for all losses, cost and expenses if you are not.

Please allow up to 45 days for a response.

Signature and Date: