

Declaration Form

The following CCPA requests require you to submit a signed declaration under penalty of perjury that you are the consumer whose personal information is the subject of this request.

- **Right to Know – Specific Pieces of Personal Information**
- **Deletion Request**

Please complete the below declaration as required and send it to us via mail or email at the applicable address provided below so that we may fulfill your request made pursuant to CCPA.

I. Choose Request Type:

☐ **Right to Know – Specific Pieces of Personal Information**

☐ **Deletion Request**

II. Requestor/Declarant Details:

I acknowledge that I am a California resident and the person making the request noted above, under the California Consumer Privacy Act. I acknowledge that I am making this request in good faith on behalf of myself.

I CERTIFY AND DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT AND THAT I AM THE CONSUMER WHOSE PERSONAL INFORMATION IS THE SUBJECT OF THE REQUEST.

Please provide your signature and print your name and the date in the spaces provided below.

Declarant Signature

(Print Name)

(Date)

Once you have completed and signed the declaration form, you can send it to either:

Mailing Address:	Email Address:
Albion Cosmetics America Inc 1043 Abbot Kinney Blvd. Venice, CA 90291	ccpa@albiongarden.com