

**MZ WALLACE, INC.**  
**CALIFORNIA CONSUMER PRIVACY ACT AUTHORIZATION**

If you are a California resident and want to *authorize someone else* to submit a request for information and/or a request to delete on your behalf pursuant to the California Consumer Privacy Act of 2018, please complete this form and provide it to the person you are authorizing to submit a request on your behalf. They will be asked to provide the form when they submit your request.

1. My name is \_\_\_\_\_.
2. My mailing address is \_\_\_\_\_  
\_\_\_\_\_.
3. My telephone number is \_\_\_\_\_.
4. My e-mail address is \_\_\_\_\_.
5. I am a resident of California.
6. I hereby authorize the person whose contact information is listed below to submit (check either or both as

applicable):  a request for my personal information and/or  a request to delete my personal information.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*For Notary Use Only*

State of \_\_\_\_\_

County of \_\_\_\_\_

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

On \_\_\_\_\_, before me, \_\_\_\_\_,  
(date) (name of notary)

Notary Public, personally appeared \_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to within the instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: \_\_\_\_\_ (SEAL)