



**California Consumer Privacy Act
Submission Form for Request to Know & Delete Personal and/or Household Information**

First Name:*

Last Name:*

Date of Birth:*

Date of Request:*

If you are not the Consumer making the request but rather an authorized agent of the Consumer, please state your full name:

(References to "you" or "your" mean Consumer, not the Consumer's authorized agent.)

Are you a member with Firefighters First Federal Credit Union? * ☐ Yes ☐ No

If you marked "yes" above, please provide your member number:

Do you have online banking with us?* ☐ Yes ☐ No

If you marked "yes" above, have you shared your username and password with anyone else? ☐ Yes ☐ No

E-MAIL ADDRESS*	
Consumer	Consumer's Authorized Agent (if applicable)

PRIMARY PHONE NUMBER*	
Consumer	Consumer's Authorized Agent (if applicable)

HOME ADDRESS*	
Consumer	Consumer's Authorized Agent (if applicable)

- You authorize us to contact the Consumer and/or the Consumer's authorized agent (if applicable) for identity verification purposes in accordance with our legal obligations.

Please select all of the following that apply to your request:

Type of Request:

1) Request to Know (please check all that apply to your request):

- ☐ Categories of Personal Information
- ☐ Categories of Sources of Collection
- ☐ Business or Commercial Purpose for Collecting or Selling Information
- ☐ Categories of Third Parties with Whom Information is Shared
- ☐ Specific Pieces of Information

Does your request include household information?* ☐ Yes ☐ No

* Required fields



2) Request to Delete Personal Information?*

☐ Yes

☐ No

Does your request include household information?*

☐ Yes

☐ No

Household Information Requests:

If you check "yes" next to your request to know personal information and/or request to delete personal information, you are asking to provide information collected and/or to delete such information about everyone who reside with you and share a service that we provide with you.

To process this request, we need you to provide the names, date of birth, and the postal address of your residence. Please complete the information in the following table:

Household Address:		
Household Members (including yourself)	Full Name	Date of Birth

We will need to verify your identity and (if applicable) the identity of all the members in your household to respond to your request. Within 10 days of your submission of this form, we will notify you of what we will need to verify your identity and the members of your household (if applicable).

If you do not have a password-protected account with us we will not comply with a request to know specific pieces of personal information about your household or a request to delete household personal information unless all of the following conditions are satisfied: (1) all consumers of your household jointly request access to specific pieces of information for the household or the deletion of personal household information; (2) we are able to individually verify the identity of all of the members of your household; and (3) we verify that each household member making the request is currently a member of the household. We will provide you with more information about our verification requirements within 10 days of your submission of this form.

If you are an authorized agent for the above referenced consumer, we will request a copy of your government issued identification card, and the source of your authority to act on behalf of the consumer (e.g., POA, letters of conservatorship, written instructions, etc.). Additional details will be provided to you regarding what we need to verify you and your request within 10-days of your submission of this form.

Send completed forms via email to: opsfax@firefirstcu.org OR physically mail them to:
Firefighters First Credit Union, Attn: Operations, 815 Colorado Blvd., Los Angeles, CA 90041

* Required fields