

**THIS DENTITY DECLARATION IS TO BE SUBMITTED WHEN THE REQUEST IS SUBMITTED**

I, [REQUESTER NAME], hereby declare as follows:

- I am the consumer whose personal information is the subject of the attached [Request to Know].
- Any information provided in connection with the attached [Request to Know] is true, correct, complete, and made in good faith, to the best of my knowledge and belief.

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

Signature:

Date:

Place of Signature (City, State):

Email Address/Telephone Number: