

Bellomy Research, Inc. (hereinafter "Company)

Name of Consumer:

AFFIDAVIT FOR AUTHORIZED AGENT
CALIFORNIA CONSUMER PRIVACY ACT

STATE OF _____)
) SS.
COUNTY OF _____)

I, _____, being first duly sworn, hereby state as follows:

1. I am over the age of 18, have personal knowledge of the facts recited herein, and would and could competently testify to the same.
2. I hereby verify that I am legally authorized to make a request on behalf of the above-named Consumer.
3. The enclosed Power of Attorney is a true and accurate copy; OR
4. If the authorization documentation is not a Power of Attorney, then I hereby verify that the enclosed document is a true and accurate copy of my authorization to request personal information on behalf of the aforementioned consumer. In addition to this documentation, I also have enclosed a true and accurate copy of the valid government-issued photo identification of the consumer.
5. The attached authorization document is still in full force and effect.

I UNDERSTAND THAT THE INFORMATION PROVIDED HEREIN IS TO BE RELIED UPON BY THE COMPANY TO RESPOND TO A CALIFORNIA CONSUMER PRIVACY ACT REQUEST IN ACCORDANCE WITH THE LAW.

Date: _____

_____ Signature

_____ Print Name

SUBSCRIBED AND SWORN to before me this _____ day of _____ 20 _____.

_____ Notary Public

My Commission Expires:
