

California Consumer Privacy Act Opt-Out Form

If you are a California resident and would like to exercise your rights under CCPA, please fill out this form. We may request additional information to verify that you are a consumer about whom we have collected personal information. Please note that we will retain information as required by local, state, and federal law as well as CPUC/FCC/USAC regulatory compliance. Contact us for more information.

Account Holder Full Name: _____

Sequoia Wireless Phone Number (if applicable): _____

Service Address: _____

Email Address: _____

Date of Birth: _____

Last 4 Digits of Social Security Number: _____

I would like to request information about categories of personal information collected: ____

I would like to request access to specific pieces of personal information: ____

I would like to request deletion of personal information: ____

I would like to request that you do not sell my personal information: ____

Details or notes about your request:

By signing below, you acknowledge that the information submitted is true and accurate. You also understand that if the information you provide does not match the information in our system in its entirety, we will be unable to honor your request. Additionally, you also understand that your request will not be fulfilled unless we are able to accurately validate your identity by matching your date of birth and the last 4 digits of your social security number. You attest under penalty of perjury that you are the person, or authorized representative of the person, making this CCPA request. You agree to receive emails or calls to verify identity so that Sequoia Wireless can complete this request.

Requester Signature: _____ Date: _____

Send Completed Form to admin@sequoiawireless.com with a subject line “Urgent – CCPA Data Management Request Opt-Out Form”.