

**CALIFORNIA CONSUMER PRIVACY ACT
VERIFIED CALIFORNIA CONSUMER REQUEST BY AUTHORIZED AGENT**

INSTRUCTIONS: This form should be completed by an Authorized Agent and submitted with a complete signed copy of the California Consumer Permission to Authorized Agent form OR a copy of a Power of Attorney to ccpa-info@mediacomcc.com. Mediacom will review this request, including determining whether the Authorized Agent is registered with the California Secretary of State, and respond with 45 days. If Mediacom needs more time to process the request, Mediacom will inform you of such extension in writing. If you have questions about this form, please call 833-998-1824.

1. I, _____ (First, Middle Initial, Last Name of Authorized Agent) do hereby declare and certify that I reside at _____ (Street Address) in _____ (City/Town) in the State of _____ and that I can be reached by phone at _____ (phone number) for communications concerning this request.

2. I have been duly authorized by _____ (full name of California consumer) residing at _____ (full address of California consumer) to make requests on his or her behalf, pursuant to the California Consumer Privacy Act and have included a complete, signed copy of the California Consumer Permission to Authorized Agent form or copy of a Power of Attorney, authorizing me to act on behalf of _____ (Full name of California consumer).

3. On behalf of the California consumer listed in Section 2 above, I hereby submit the following Verified California Consumer Request:

Disclosure regarding the collection and sale of personal information Mediacom collected about the California consumer.

Deletion of personal information collected by Mediacom from the California consumer.

Opt-out of the sale of personal information.

4. I would like Mediacom to deliver its Verified California Consumer Request Response via:

Email, at _____ (full email address)

USPS, to _____ (full mailing address)

Authorized Agent Signature

Date