

CCPA CALIFORNIA CONSUMER REQUEST BY AUTHORIZED AGENT FORM

INSTRUCTIONS: This form should be completed by the Authorized Agent and submitted with a complete Consumer Permission to Authorize Agent form to ccpa-info@mediacomcc.com. Mediacom will review this request 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.

This information will only be used to process your request and for security and fraud prevention. We will delete any new information collected through this form as soon as practical after processing your request, except for recordkeeping purposes in accordance with the CCPA.

1. I, _____ (First, Middle Initial, Last Name) do hereby declare and certify that I reside at _____ (Street Address) in _____ (City/Town) in the State of California 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, notarized copy of the Consumer Affidavit to Authorized Agent, authorizing me to act on behalf of _____ (Full name of California consumer) and a copy of my driver license.

3. On behalf of the California consumer listed in Section 2 above, I would like to submit the following California Consumer Requests:

Right to know personal information collected, sold and shared.

Right to delete personal information collected by Mediacom.

Right to correct inaccurate personal information maintained by Mediacom, as described below:

Please note that when visiting the Mediacom Sites, Mediacom collects personal information, including IP address and device IDs. Mediacom makes IP address and device IDs available to third-party advertising partners for analytics and targeted advertising which may be a sale or sharing under the CCPA. You may opt-out of the sale or sharing of your personal information by visiting <https://support.mediacomcable.com/#!/DNSMPI>.

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

Email, at: _____ (Full email address)

USPS, at: _____ (Full mailing address)

Authorized Agent Signature

Date