

**CALIFORNIA CONSUMER PRIVACY ACT  
VERIFIED CALIFORNIA CONSUMER REQUEST FORM**

**INSTRUCTIONS:** This form should be completed by the consumer and submitted with a complete, notarized copy of the Affidavit of Identity to [cpa-info@mediacomcc.com](mailto:cpa-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.

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 \_\_\_\_\_ and that I can be reached by phone at \_\_\_\_\_ (phone number) for communications concerning this request.

2. I would like to submit the following Verified California Consumer Requests:

- Disclosure regarding the collection and sale of personal information Mediacom collected about me.
- Deletion of personal information collected by Mediacom from me.
- Opt-out of the sale of my personal information.

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

- Email, at \_\_\_\_\_ (full email address)
- USPS, to \_\_\_\_\_ (full mailing address)

\_\_\_\_\_  
Consumer Signature

\_\_\_\_\_  
Date