

California Consumer Privacy Act Form

Thank you for your interest in making a request under the California Consumer Privacy Act (CCPA).

Please complete and return by mail or email the form below, or complete the online form at <https://www.ucfs.net/ccpa>. This form collects personal identifiers to verify the identity of the person making the request and allows us to respond to the personal information request. This information will be shared with our verification service provider.

U.S. Mail _____
United Consumer Financial Services Company
Attn: Compliance Department
865 Bassett Road, Westlake, Ohio 44145

Email _____
to: privacy@scottfetzter.com
Attn: UCFS CCPA Department

UCFS will reply to your request within seven business days from the day the request is received.
UCFS has 45 days to complete your request but will begin right away.

Today's Date* _____

*** Required fields**

Select Request Type: (Choose one option per request)*

Request to Know Request to Delete

Choose your relationship with UCFS (Select all that apply)*

Consumer Customer Business Customer
 Consumer – Not a Customer No Relationship with UCFS

UCFS Consumer Account Number (if Available) _____

Are you submitting this request for yourself?*

Yes No (you must include a power of attorney or proof of guardianship)

First Name* _____ Middle Initial _____ Last Name* _____

Primary Phone Number* _____ Date of Birth* _____

Email* _____

Address* _____

City* _____ State* _____ Zip Code* _____

Please include any additional materials as you need. For further specifics about UCFS' collection of consumer information, please review our privacy policy at: <https://www.ucfs.net/privacy-policy/>.