

**CCPA CONSUMER REQUEST FORM FOR CALIFORNIA RESIDENTS**

To enable us to address your consumer request under the CCPA, please complete this form in its entirety and send it to ccpa@nuvve.com.

**\***Mandatory Fields

**I am\* (please check only one option):**

\_\_ Customer

\_\_ Employee

\_\_ Job Applicant

\_\_ Website Visitor

\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

**First Name\*:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **Last Name\*:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address\*:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Resident of\*:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Information Request\* (please check only one option):**

\_\_ Access My Information

\_\_ Correct or Update My Information

\_\_ Delete My Information

\_\_ Restrict Use of My Information

\_\_ Opt-out or Unsubscribe

\_\_ Transfer My Information

\_\_ Who Has Received My Information

**Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please attach additional information as needed, such as product or service purchased from Nuvve and its subsidiaries.*

By submitting this request, I am confirming the following**\***: (1) **Accuracy**: the information I have provided is true and accurate; (2) **Privacy**: that I understand the information will be handled by Nuvve in accordance with its [**Privacy Policy**](https://nuvve.com/privacy-policy-us/); (3) **Contact**: that Nuvve has the right to contact me to verify my identity and to process this request.

**Printed Name of Requestor\*:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Requestor\*:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_