



## AUTHORIZED AGENT DESIGNATION

California residents may designate an authorized person or entity to exercise their rights under the California Consumer Privacy Act (CCPA). To make this designation, please complete and submit this form.

To the extent Gelfand, Rennert & Feldman (*Gelfand*) is unable to verify the identity of the person submitting this form, we may request additional information from the person making the submission.

**Personal Information:** Any information that identifies, relates to, describes, is reasonably capable of being associated with, or could reasonably be linked, directly or indirectly, with a specific identifiable individual.

**Please Note** \*Authorized agents that have been provided a power of attorney, pursuant to California Probate Code sections 4121-4130, may submit requests directly without completion of this form.

For more information, please see our [Privacy Policy](#).

### Requestor Information

|                        |
|------------------------|
| <i>Full Name</i>       |
| <i>Date of Birth</i>   |
| <i>Mailing Address</i> |
| <i>Email Address</i>   |
| <i>Phone number</i>    |

### Authorized Agent Information

#### *Natural Person*

|                      |
|----------------------|
| <i>Full Name</i>     |
| <i>Email Address</i> |
| <i>Phone Number</i>  |



*Or*

***California Business***

|   |
|---|
| <b><i>Business Name</i></b>                                     |
| <b><i>Business Address</i></b>                                  |
| <b><i>Business Email Address</i></b>                            |
| <b><i>Business Phone Number</i></b>                             |
| <b><i>California Secretary of State Registration Number</i></b> |

**CONTACT INFORMATION**

*To submit an access request, you can do so using our [intake form](#). You can upload this authorized agent designation as an attachment to support your request. There is no fee associated with this form.*

**If sending by mail, please use the following address:**

Privacy and Information Security Office

Gelfand, Rennert & Feldman, LLC

1880 Century Park East, #1600

Los Angeles, CA 90067

**AUTHORIZATION**

I authorize the agent identified above to make the following request(s) on my behalf:

- Requests to access information regarding the Personal Information the firm maintains about you.
- Requests to correct Personal Information the firm maintains on you.
- Requests to delete Personal Information the firm collected from you.
- Requests to limit Use and Disclosure of Sensitive Personal Information



**GELFAND, RENNERT  
& FELDMAN**  
FOCUS PARTNERS BUSINESS MANAGEMENT

By signing below and submitting this Authorized Agent Designation form, I affirm the following:

- I am a California Resident
- I am the Requestor whose name appears above, and the information provided in this form is true and accurate.
- The authority granted by this form will terminate 90 days after the date of execution.
- I agree to defend, indemnify, and hold Gelfand harmless for any and all claims that arise against the Company in relation to its reliance on this Authorized Agent Designation Form.

**SIGNATURE**

|                               |             |
|-------------------------------|-------------|
| <i>SIGNATURE OF REQUESTOR</i> | <i>DATE</i> |
| <i>PRINT NAME</i>             |             |