

## **California Consumer Privacy Act: Request to Delete Personal Information**

As a California resident, the California Consumer Privacy Act (“CCPA”) provides you the right to request that we delete any personal information that we have collected.

We will not delete your personal information if you are a current resident, have been a resident with us at any time in the past 4 years, or if have some other continuing relationship with us. We need to maintain your Personal Information under these circumstances so that we can continue to provide our services to you, to continue the business relationship we have with you, or respond to any questions regarding your residency, from you or from any other authorized person or entity.

There are other circumstances under which we will not be able to comply with your request. If we determine that deleting your information would be inappropriate for any reason, we will let you know, and also let you know the reason for our decision. Please review our Consumer Privacy Policy here [Privacy Policy](#) for more information on how and why we collect your personal information.

To request that we delete your personal information, please provide the following information and sign below:

Are you currently a tenant at HomeRiver Group

Yes\_\_\_\_\_

No\_\_\_\_\_

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip\_\_\_\_\_

Email address \_\_\_\_\_

Phone Number \_\_\_\_\_

I would like you to delete my personal information. I certify that all information that I have provided above is true and accurate and that I am legally authorized to request that the personal information regarding the above referenced person be deleted.

(Please type your name below to confirm your request)

\_\_\_\_\_

For Authorized Agents:

I request that the personal information for the individual identified above be deleted from your records. I certify that all information that I have provided is true and accurate and that I am legally authorized to request the personal information regarding the above referenced person be deleted.

(Please type your name below to confirm your request)

\_\_\_\_\_

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Email address \_\_\_\_\_

Phone Number \_\_\_\_\_

When returning or submitting this Form, please attach proof of your authority (e.g., Power of Attorney, conservatorship, written instructions).