



California Consumer Privacy Act (CCPA) Request Form

INSTRUCTIONS: This form must be completed in its entirety by the named Account Holder for the specified account.

Current or former Suddenlink customers residing in the state of California for the last 12 months can make requests to Suddenlink for “Right-to-Know” personal information or “Deletion” of collected personal information.

Please email your completed form to:

ccpa@alticeusa.com

OR

Please mail your completed form to:

CCPA Form Submit
ATTN: Shared Services Operations
200 Jericho Quadrangle
Jericho, NY 11753

Section 1. Service Address Information

Account Status: Current Former

Account Holder First Name Account Holder Last Name Account Number Suddenlink Phone Number

Street Address Apt/Suite City State Zip

Section 2. Request Type

“Right-to-Know Data” (check all that apply):

- Specific pieces of personal information collected about me
- Categories of personal information collected about me
- Categories of sources from which my personal information is collected
- Categories of my personal information sold or disclosed for a business purpose
- Categories of third parties to whom my personal information was sold or disclosed for a business purpose
- Business purpose for collecting or selling my personal information

OR

“Deletion”

- Deletion of personal information collected from me
(Subject to the exceptions to deletion set forth in the CCPA)

Section 3. Contact Information

Requester Email Address

Requester Phone Number

Street Address

(if different from Service Address above)

Apt/Suite

City

State

Zip

Section 4. Account Holder/ Authorized Representative Consent

You must complete all required fields

Account Holder

Signature:

Date:

OR

Authorized Representative

I, _____ am the California Resident listed in Section 1 above, and hereby grant permission to the authorized representative listed in this section to make a CCPA request to Suddenlink on my behalf.

First Name

Last Name

Phone Number

Street Address

Apt/Suite

City

State

Zip

Email Address

I understand that Suddenlink reserves the right to contact me to confirm that permission has been provided and to verify the identity of the Authorized Representative prior to responding to an Authorized Representative request.

Signature:

Date:

Subscribed and sworn to before me this _____ day of _____, in the year of _____.

Notary Public *(Please sign & affix stamp)* _____