



## California Consumer Privacy Act: Request Form

This Form is for a California resident, hereinafter referred to as a “Consumer,” to invoke or exercise your right(s) under the California Consumer Privacy Act of 2018 (“CCPA”).

For information on CSC’s practices, policies and notices regarding the collection, use, disclosure or sale of personal information, please review our **California Consumer Privacy Notice** at [www.citadelservicing.com/CCPA](http://www.citadelservicing.com/CCPA).

Before submitting this Form, we recommend you review the accompanying **Instructional Guide** explaining how to complete this Form. It is important that you follow the instructions provided as your request could be denied if we are unable to verify your identity. Depending on the nature of your request, we may contact you to request additional information.

**A completed form should be submitted via email to: [CCPA@citadelservicing.com](mailto:CCPA@citadelservicing.com) or via our website at [www.citadelservicing.com/CCPA](http://www.citadelservicing.com/CCPA).**

Once submitted, you will receive an acknowledgement within 10 days from the date of your submission. You may expect a complete response to your request within 45 days from the date of your submission. You may receive a written notification from us if we require an additional 45 days to process the request.

If you have any questions regarding this Form or our process, please visit our website or call our toll-free number at 1-888-800-7761 between 8:00a.m. and 5:00p.m. (PST), Monday through Friday.

### **Consumer Type (Check Only One Box)**

- Non-Applicant       Applicant       Current Borrower       Former Borrower
- Third-Party       Real Estate Professional

### **Request Type (Check All Applicable Boxes)**

- Request to Know       Request for Records       Request to Delete       All of the Above

### **Contact Information**

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

Loan/NMLS Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Last 4 No. of SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

By submitting this Form, you hereby confirm and declare under the penalty of perjury of the State of California that you are a California resident or a third party authorized by a California resident requesting to exercise your rights under California Consumer Privacy Act of 2018 and that the information provided above is true and correct.