



California Consumer Privacy Act

Thank you for your interest in making a request under the California Consumer Privacy Act (CCPA). Please complete and submit the form below. This form collects personal identifiers to verify the identity of the person making the request and allows us to respond to the personal information request. This information will be shared with our verification service provider. Required fields are indicated with an asterisk (*).

Send your completed form to Western in one of these two methods:

U.S. Mail

Western – CCPA Department
875 Bassett Road
Westlake, Ohio 44145

Email

to: Privacy@scottfetzer.com
Attn: CCPA Department

Western will reply to requests within seven business days from the day the request is received.
Western has 45 days to complete your request but will begin right away.

Today's Date* _____

Select Request Type: (Choose one option per request)*

Request to Know Request to Delete

Choose your relationship with Western (Select All that Apply)*

Consumer Customer
 Consumer – Not a Customer
 Business Customer
 No Relationship with Western

Are you submitting this request for yourself?*

Yes No (you must include a power of attorney or proof of guardianship)

Western Consumer Account Number (if Available) _____

First Name* _____ Middle Initial _____ Last Name* _____

Primary Phone Number* _____ Email* _____

Date of Birth* _____

Address* _____

City* _____ State* _____ Zip Code* _____