

# Authorized Agent CCPA Form

TO: Breckenridge Grand Vacations (“BGV”)

I, \_\_\_\_\_, state as follows:  
(name of consumer)

1. I have elected to use an authorized agent to make requests on my behalf related to the California Consumer Privacy Act;
2. I designate the following [person/entity registered with the Secretary of State] (circle one) to act on my behalf in order to make such requests:

\_\_\_\_\_  
(name of individual)

\_\_\_\_\_  
(name of entity)

3. My authorized agent may make the following requests on my behalf:

- Request for right to know (categories of personal information)
- Request for right to know (specific pieces of personal information)
- Request to delete
- Request to opt-out

4. I understand that any responses produced in connection with a request under the right to know specific pieces of information will not be sent to my authorized agent, but will instead be sent directly to me at the address provided below.
5. I understand that I may be contacted directly in order to verify my identity and confirm the designation of my authorized agent.

I fully understand the above and agree that BGV shall not be responsible for any liabilities resulting from any misrepresentations made on this Form.

Below is current and correct personal information about myself:

Full Legal Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing is true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_