



CALIFORNIA CONSUMER PRIVACY ACT (CCPA) REQUEST FORM

First Name: *	Middle initial	Last Name *	Suffix
Street address (No PO Box)*		Apartment or suite number	City*
State *	Zip code *	Email address*	

What is your relationship with Friendly Hills Bank? *

- Current customer/client or other account holder
- Former customer/client or previously applied for an account
- Never had an account
- Current/former applicant, employee or contractor of Friendly Hills Bank
- Other _____

Are you requesting information on behalf of another person? *

- Yes
- No

Please select type of request(s) *

- I want access to personal information that has been collected or shared
- I want to request that personal information be deleted

How do you want us to respond to you *

- MAIL OR EMAIL

Signature

Date

() required*

For further information regarding your rights under the California Consumer Privacy Act please refer to our California Consumer Privacy Act Privacy Policy. That policy can be accessed at www.friendlyhillsbank.com.

NOTE: *Proper authentication is critical to ensuring the protection of Personal Information. Depending on the response to your request you may be required to provide proof of identity before it can be fulfilled. We will respond to your request consistent with applicable laws.*