



CCPA Request Form

Please complete appropriate section(s) below, then "save as" using the following format:
"Last Name CCPA Request MMDDYY" and email to privacy@solidifi.com.

File Name Example: Smith CCPA Request 04-01-23

Date of Request (Please use format MM-DD-YY):

Requestor Contact Information

Name(s) (Last, First):

Property Address (Street, City, State, Zip):

Contact Address (if different from Property Address):

Contact Phone Number:

Consumer Name (if different from Requester):

Order Information

Service Type (Appraisal, Title, etc.):

Order Number(s) (if applicable):

Type of Request

Transaction Type (Purchase, Refi, REO, etc) :

Briefly describe the nature of the consumer's inquiry including dates of any conversations, phone calls, and names (including title and company affiliation) of those with whom consumer has spoken:

Request to Know – Categories of Information

Request to Know – Specific Information

Request to Delete Information

Indicate any other pertinent information below:

For Internal Use

Advise requestor that this form will be sent to the Compliance Team on their behalf.

Name/Title of person completing form:

Management Review Name/Title: