



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 01-01-20

Date of Inquiry:

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 Requestor

Order Information:

Service Type (Appraisal, Title, etc.)

Order Number(s) (if applicable)

Type of Request:

Request to Know - Categories of Information

Request to Know - Specific Information

Request to Delete

Indicate any other pertinent request information below:

Advise consumer that this will be routed to Solidifi Compliance Team

Name/Title of person completing form: _____

Management Review Name/Title: _____