

## **Consumer Affidavit to Authorize Agent**

**Instructions: Please complete and sign this *Consumer Affidavit to Authorize Agent* (the "Affidavit"). Edmunds.com, Inc. ("Edmunds") cannot accept the Affidavit without your signature. Please mail the signed Affidavit to Edmunds.com, Inc., 2401 Colorado Ave., Santa Monica, CA 90404, Attn: General Counsel, or you may email a scanned copy to [CCPArequests@edmunds.com](mailto:CCPArequests@edmunds.com).**

1. I, \_\_\_\_\_ [first and last name]  
do hereby declare and certify that I am a California resident ("Consumer") and reside at  
\_\_\_\_\_ [street address] in  
\_\_\_\_\_ [city/town] in the State of California.
  
2. I am the registered customer for telephone number (including area code)  
\_\_\_\_\_  
and for the following email address(es):  
\_\_\_\_\_
  
3. I authorize \_\_\_\_\_ [Agent's first and last name] of  
\_\_\_\_\_ [Agent's street address] in  
\_\_\_\_\_ [Agent's city/town] in the State of  
\_\_\_\_\_ [state] to submit requests under the California Consumer Privacy Act  
to Edmunds on my behalf in order to obtain information and/or to request deletion or opt-out  
rights for me.

I swear or affirm, under penalty of perjury, that this statement is true and correct.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_