

CCPA Consumer Request Concerning Personal Information

Consumers must use this form to submit requests concerning your rights under the California Consumer Privacy Act (“CCPA”). We may ask you for proof of identity and authority before responding to make sure your request is valid. If we ask for proof of identity, send any sensitive data through secure means.

We endeavor to respond to your request as soon as we are able. In general, we will respond within 45 days from the date we receive your request. However, we may need additional time. If that is the case, we will inform you of the need for additional time within the first 45 days following the date we receive your request. Please note that certain conditions may limit our ability to comply with your request. Under certain limited circumstances, we may charge a reasonable fee for responding to your request.

Complete the form below to make your request and return it to: CCPA@gcinc.com, or by mailing to CCPA Request, Granite Construction Incorporated, 585 W. Beach Street, Watsonville, CA 95076, or by clicking “SUBMIT” below. We will notify you if we need additional information to process your request using the mechanism you designate below. However, we also can respond using email or regular mail, where applicable. Note that we will use the information we collect as part of the request verification process only for that process.

If you have any questions, please contact us at CCPA@gcinc.com or, toll-free, at (844) 353-4998.

Provide the following information about the Consumer whose Personal Information you are inquiring about.

Full Name of Consumer:	
Consumer’s account number:	
Consumer’s home address:	
Consumer’s mobile phone number:	
Consumer’s home phone number:	
Consumer email address:	

Provide the following information about your authority as the requesting party to be making the request:

Are you the Consumer mentioned above? [] Yes [] No

If you answered “No” to the question above, please complete the following. Note, if you are not the Consumer, you will need to provide the Consumer’s written authorization or appropriate legal authorization to act on the Consumer’s behalf.

Full name of requesting party:	
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Requesting party's home address:	
Requesting party's mobile phone number:	
Requesting party's home phone number:	
Requesting party's email address:	
Requesting party's relationship to Consumer:	
Form of Authorization:	
Authorization attached:	[] Yes [] No

Describe the nature of your request by completing the applicable provisions of the chart below.

	Type of Request
<input type="checkbox"/>	<p>Information concerning collection of Personal Information</p> <p><i>Indicate whether you would like information on some or all of the following:</i></p> <ul style="list-style-type: none"> <input type="radio"/> Categories of your Personal Information collected by the Company <input type="radio"/> Categories of sources from which your Personal Information is collected by the Company <input type="radio"/> The Company's business or commercial purpose for collecting your Personal Information <input type="radio"/> Categories of third parties with whom the Company shares your Personal Information <input type="radio"/> Specific pieces of your Personal Information collected by the Company. Indicate which pieces: _____ <input type="radio"/> All of the above
<input type="checkbox"/>	<p>Information concerning Personal Information disclosed by the Company</p> <p><i>Indicate whether you would like information on some or all of the following:</i></p> <ul style="list-style-type: none"> <input type="radio"/> The categories of Personal Information the Company Collected about the Consumer. <input type="radio"/> The categories of Personal Information that the Company disclosed about the Consumer for a Business Purpose. <input type="radio"/> All of the above
<input type="checkbox"/>	Delete Personal Information

	<p><i>Describe the Personal Information you would like deleted:</i></p> <ul style="list-style-type: none"> <input type="radio"/> Specific elements of the Consumer's Personal Information (e.g., Social Security number, photographs, credit card number): _____ <input type="radio"/> Specific categories of the Consumer's Personal Information (e.g., all personal information prior to a specific date, search history, purchase history): _____ <input type="radio"/> All of the Consumer's Personal Information
<input type="checkbox"/>	<p>Opt-out of sale of Personal Information</p> <p><i>Indicate whether you would like to opt-out of sales of your Personal Information</i></p> <ul style="list-style-type: none"> <input type="radio"/> Yes, I would like to opt-out of the sale of my Personal Information

Please identify the format in which you would like us to respond to your request:

<p>[] By email to: _____</p> <p>[] In writing to the following address: _____</p> <p>[] Other: _____</p>

By signing below, I certify that the information provided is correct and that I am authorized to make this request.

Submitted by:

Signature:

Date:

INTERNAL USE

Date request received: _____

Received by: _____

Name and address of requesting party: _____

Form of verification: _____