Identity Verification Declaration

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare under penalty of perjury that:

 I submitted requests for disclosure or deletion of information to Candela as permitted by the CCPA; my address is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, California; the information I submitted is about myself and is true, current and correct; and this was signed at \_\_\_\_\_\_\_\_\_\_\_\_, California.

Date: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature