Request to Know – California Residents

Please complete the form below to request information regarding the personal information Camp Fern Legacy, Inc. may have collected about you. Information you submit using this form will only be used to process and respond to your request. Please note, we are required to maintain a record of your request and our response for two (2) years following our receipt.

|  |  |  |
| --- | --- | --- |
| Last Name | First Name | Middle Initial/s |

|  |
| --- |
| Email |

|  |
| --- |
| Street Address |

|  |  |  |
| --- | --- | --- |
| City | State | Zip Code |

Date of Birth

|  |  |  |
| --- | --- | --- |
| mm | dd | yyyy |

|  |
| --- |
|  |

I am making a request to know the:

specific pieces of personal information that Camp Fern Legacy, Inc. has about me.

categories of personal information that Camp Fern Legacy, Inc. has collected about me.

categories of sources from which Camp Fern Legacy, Inc. collects personal information.

categories of my personal information that Camp Fern Legacy, Inc. has disclosed for a business purpose.

categories of third parties with whom Camp Fern Legacy, Inc. shares personal information for a business purpose.

business or commercial purpose for collecting personal information.

Kindly fill out and send back your completed Request to Know by email to info@campfern.org or by regular mail to:

Camp Fern Legacy, Inc.

1046 Camp Road

Marshall, TX 75672