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(This form is only for California residents).

Please select one option per request. Fields marked with a * are mandatory.

- * Select request type(s) Access my information Delete my information Access & Delete my information Categories of Data Collected Categories of Service Providers
- * On behalf of myself My household A minor Other

* First Name

* Last Name

* Email

* ZIP

Acknowledgment

By submitting this form I confirm I am a resident of California and that the information I have provided is accurate.

Need additional support? You can find more information in our [Privacy Policy](#).

Please, email this form to: info@planetm.us Subject: California Consumer Privacy Act

THANK YOU