

Authorized Agent Designation Form

INSTRUCTIONS: If you are a resident of California and would like to designate an authorized agent to submit a request to exercise rights granted to you under the California Consumer Privacy Act, please complete this form in its entirety, sign it, and send it to us at the appropriate address below.

Please note, if Clorox is unable to verify the identity of the individual submitting this form (the "Data Subject"), we may ask for additional information or documents to verify the identity of Data Subject. Authorized agents that have been provided a Power of Attorney from a Data Subject may submit requests directly. For more information, please see our [Privacy Policy](#).

If sending by mail, please use the following address:

Privacy Team

Clorox Consumer Services

PO Box 24305,

Oakland, California, 94623-1305

If sending by email, please use the following address:

privacyinfo@clorox.com

1. Data Subject Information

Full Name
Mailing Address (Residence)
Email Address
Phone Number

2. Authorized Agent Information

Full Name of Authorized Agent
Email Address of Authorized Agent
Phone Number

3.

Authorization

I, Data Subject, designate the Authorized Agent listed above for the sole purpose of submitting the following request(s) on my behalf (check all that apply):

- Request to delete my personal information; and/or
- Request to access my personal information.

By signing below and submitting this Authorized Agent Designation form, I affirm the following:

- I am a California resident.
- I am the Data Subject whose name appears above and the information provided in this form is true and accurate.
- The Authorized Agent is a natural person or a business registered with the Secretary of State to conduct business in California.
- I understand that I may be contacted directly in order to verify my identity and confirm designation of the Authorized Agent.
- I grant the Authorized Agent permission to submit the request(s) indicated above to Clorox on my behalf.
- I authorize Clorox to process such request(s) and I understand that any responses produced in connection with a request to access my personal information will not be sent to my Authorized Agent, but will instead be sent directly to me.
- The authority granted by this form will terminate 90 days after the date of execution.
- I agree to indemnify Clorox for any and all claims that arise against Clorox in relation to its reliance on this Authorized Agent Designation form.

Signature of Data Subject	Today's date
Print name	