## CCPA Consumer Request To Opt Out of the Sale of Personal Information

Consumers must use this form to submit requests to opt out of the sale of Personal Information in accordance with 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: <a href="CCPA@gcinc.com">CCPA@gcinc.com</a>, 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 a	is the r	equesting p	oarty to b	oe making	, the
request:								

Are you the Consumer mentioned above?	] ]	res	L	] No
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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.

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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			
Opt-out of sale of Personal Information  Indicate whether you would like to opt-out of sales of your Personal Information  O 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:  [ ] By email to:  [ ] In writing to the following address:				
[ ] Other:				
By signing below, I certify that the infor request.	rmation provided is correct and that I am authorized to make this			
Submitted by:				
Signature:				
Date:				
INTERNAL USE				

Date request received:	
Received by:	
Name and address of requesting party:	
Form of verification:	