



Extended Stay America Data Privacy Request Form

Date of Request: _____

Please ask the California resident what they are requesting from the three below choices (check all that apply):

- Request to Know**
California resident is looking for what personal information ESA has about him or her.

- Request to Delete**
California resident wants all personal information that ESA has about him or her deleted.

- Request to Not Sell**
California resident does not want ESA to sell his/her personally identifiable information to any third parties.

Please provide any other comments:

Please ask the California resident to provide us with below information in order to validate his or her identity. The information provided below **must** match the information the guest provided Extended Stay America:

Last Name (Family Name)	First Name (Given Name)	M.I.	Phone Number		
			<input type="checkbox"/> Mobile <input type="checkbox"/> Home		
Address (Street Number and Name)		Apt. Number	City or Town	State	Zip Code
Email Address(es) associated with your Extended Stay Account or prior stays			Location of Last ESA Stay		
			Dates of Last ESA Stay		