



FORM INSTRUCTIONS

Return the following form and all required documentation by one of the following means:

<p>Mail: Attn: Customer Service Department Rushmore Loan Management Services LLC P.O. Box 55004 Irvine, CA 92619-2708</p>	<p>Secure Fax: 949-341-2242</p>
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Questions?

For fastest service, visit us at <https://www.rushmorelm.com> to find answers to your most common questions. You can also call us at 888.504.6700 Monday – Thursday from 6:00AM – 7:00PM PT and Friday from 6:00AM – 6:00PM PT.

California Consumer Protection Act Request for Information

Name: _____ Loan Number: _____

Property Address: _____

City and State: _____ Zip Code: _____

Mailing Address (if different): _____

City and State: _____ Zip Code: _____

Phone Number: _____

If you DO NOT have an account with Rushmore, please provide additional information in the field below in order to facilitate our review. Such information may include any supporting documentation to reflect how you may be affiliated with a Rushmore account. Items such as your date of birth, Social Security Number, or other such non-public information is not required.

I/We hereby authorize RUSHMORE to review its system of record and determine what information, if any, Rushmore may have pertaining to my personal information request. I attest that request is made in good faith and I am the person requesting this information.

Date: _____