

Privacy Information Request Form

Please complete this form and e-mail, mail or fax it to:

The Privacy Officer
Active Utilities
PO Box 4094
ESSENDON FIELDS VIC 3041
Eastimile: 1200 E87 624

Facsimile: 1300 587 624

E-Mail: privacy@activeutilities.com.au

To allow us to contact you, please complete the following information:

Account Number	-	
First name	_ Surname	
Company or business name		
Postal address		
Email address:		
Telephone number(s) (BH)	(AH)	
Please note further security/identif information.	fication checks will be completed p	rior to the release of
To allow us to understand the natu	ure of your request please comple	te the following:
I want to correct incorrect personal	information you hold on me.	
I want to access my personal inforn	nation.	
I want to make a complaint about t	the handling of privacy by Active Ut	ilities.
I want more information about Acti information. I want to opt out of re	,	• • • • • • • • • • • • • • • • • • • •
Other:		

Please specify your request below:

Please identify if your request is urgent and the reason for the urgency. In most cases we will be able to contact you within 5 business days to either provide you with an answer or explain what we are doing in relation to your request.
We may need to apply a charge for the costs of providing access to information in certain situations. We will let you know what this is before we provide access.