



**Privacy Request Centre**  
310 1000 – Option 1 (AB and BC)  
1 800 567 0000 – Option 1  
1 877 277 7859 Facsimile  
[Privacy@TELUS.com](mailto:Privacy@TELUS.com)

Mailing Address:  
TELUS Communications Company  
Privacy Request Centre  
PO Box 2590, Station M  
Calgary, Alberta  
Canada T2P 5J6

**The information provided on this form will be used to verify the identity of the customer and provide authorization to TELUS for the release to the customer of their personal information with TELUS. The information provided on this form will not be used for any other purpose.**

Please use this form to identify those accounts for which you would like your information. Please provide the requested validation information for each account and return this form to the following address:

Privacy Request Centre  
TELUS Communications Inc.  
PO Box 2590, Station M  
Calgary, AB  
T2P 5J6

Customers will be provided with a paper transcript.

### **TELUS Communications Company Landline Account(s)**

For each of these accounts, please provide your telephone number, the nine-digit Customer Account Number (CAN) located at the top of your TELUS telephone bill and your four-digit Account ID, located beneath the CAN. **This information is mandatory.**

I request the following information:

- ☐ Features and services
- ☐ Credit Information
- ☐ Customer account comments
- ☐ Repair History (if applicable)

Telephone number: \_\_\_\_\_ CAN: \_\_\_\_\_ Account ID: \_\_\_\_\_

Telephone number: \_\_\_\_\_ CAN: \_\_\_\_\_ Account ID: \_\_\_\_\_

### **TELUS Internet Services Account(s)**

For each of your TELUS Internet Service accounts, please provide your account user ID (i.e.: username) and the last four digits of either your chequing account or the last four digits of your credit card, depending on your telus.net account payment method. If you are billed on your TELUS telephone account, please enter that telephone number in the Account User ID field and the nine-digit Customer Account number associated with the account.

Account User ID: \_\_\_\_\_ 4 digits/CAN: \_\_\_\_\_



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## TELUS Communications Company Wireless Account(s)

For each of these accounts, please provide your account number, verify the Personal Identification Number (PIN) and provide your date of birth (year/month/day) and your billing address (B/A). **This information is mandatory.**

I request the following information:

- ☐ Features and services
- ☐ Credit Information
- ☐ Client account notes

Account number: \_\_\_\_\_ PIN: \_\_\_\_\_ DOB: \_\_\_\_\_

Account number: \_\_\_\_\_ PIN: \_\_\_\_\_ DOB: \_\_\_\_\_

Billing Address:

## TELUS Consumer Consent

**Customer Signature (Required):**

\_\_\_\_\_

Customer Name (Please Print):

\_\_\_\_\_

Date:

\_\_\_\_\_

(Optional) In order to assist us in providing you with the information you are seeking, please provide the reason for your request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address for TELUS to mail your information to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_