



Privacy Information Request Form

Instructions: Please provide the following information along with your request, print the form, fill out the form and fax or send the form via postal mail to Eagle Tax Services Group, Inc.

If you wish to submit the request via **fax** send to: (215) 238-9056

If you wish to submit the request via **postal mail** send to:

Eagle Tax Services Group, Inc.
Attn: Privacy Officer
325 Chestnut Street, Suite 3000
Philadelphia, PA 19106

Date: _____

Contact Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Country: _____
Telephone:(Home) _____ (Cell) _____ (Business) _____
E-Mail Address: _____
How did you hear about us? _____

Request

<input type="checkbox"/> Please delete my personal information.*
<input type="checkbox"/> Please discontinue further use of my personal information.
<input type="checkbox"/> Please provide me with the personal information you have collected about me.
<input type="checkbox"/> Please update my personal information as shown above.
*Franchises and Development Agents have a contractual relationship, which precludes deletion of their personal information.

Additional Comments

A REAL NEED...A VALUABLE SERVICE