



## Request for Paper Notice of Privacy Practices

**Return completed Request to:**

**Southern Star Privacy Officer  
Southern Star Central Gas Pipeline, Inc.  
4700 Highway 56  
Owensboro, KY 42301  
Fax: 270/852-5017**

*I hereby request to receive a copy of Southern Star's Notice of Privacy Practices in paper form rather than electronically.*

**My Name:** \_\_\_\_\_  
Last First

**My Address:** \_\_\_\_\_  
Street/Apartment  
\_\_\_\_\_   
City, State, Zip

**Authorized Representative's Name:** \_\_\_\_\_  
Last First

**Authorized Representative's Telephone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Authorized Representative's Address:** \_\_\_\_\_  
Street  
\_\_\_\_\_ , \_\_\_\_\_  
City State Zip Code

**Signature (Insured/Authorized Representative):** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**To be completed by Human Resources**

Date Request Received \_\_\_\_\_ Date Request/Evidence filed \_\_\_\_\_