



802 Main St. East Unit # 4 Shelburne, ON L9V 2Z5
Email: info@integratedmutual.com Telephone: (519) 279-1302 Fax: (519) 925-3357

Insureds Name: _____

Address: _____

Telephone Number: _____ Office/Work Number _____

Email address: _____

Policy Number: _____

Check the applicable box, if you wish to file a REQUEST ☐ or COMPLAINT ☐
regarding personal information which is being or has been held or processed by Dufferin
Mutual, a division of Integrated Mutual Insurance Group.

Please briefly state the nature of your request or complaint:

Signature of Insured: _____ Date Signed: _____

FOR OFFICE USE ONLY:

Date Received:	By (print name)
Date Acknowledged:	By (print name)
Date of Response:	By (print name)