

By completing this document, signing the declaration, and returning it to us you are confirming that you or the person you are registering on behalf of would like to be added to the Affinity Water Priority Services Register. You are also confirming that you are happy for Affinity Water to securely hold and process your contact information and information about the stated needs including limited medical information.

Customer Reference Number:

[illegible][illegible]Postcode: 

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Contact no:

[illegible]

## Priority Services Application Form

Registration Details

Are you a third party registering on behalf of the account holder?

Put a cross [X] in the relevant box

- ☐ **Yes** please provide your name and relationship to the account holder.
- ☐ **No** the registration is for myself or someone else in my household.

Title:

Name:

Surname:

Relationship:

Contact no:

Email Address:

Please post signed and completed forms to:

Priority Services Team  
Affinity Water  
Tamblin Way  
Hatfield, Herts  
AL10 9EZ

## Priority Services Requirements

Please select if anyone in the household needs meet any of the following criteria. Please tick all that apply,

### Visual impairment

☐ Partially sighted

☐ Blind

Please indicate what service[s] you would like

☐ Large print bills

☐ Audio CD bills

☐ Braille bills

☐ Not required

☐ Speech difficulties

☐ Chronic/Serious illness

☐ Mobility restrictions

☐ Developmental condition

☐ Water dependent

☐ Pensionable age

☐ Mental health condition

☐ Dementia or cognitive impairment

☐ Hearing impairment

☐ Living with children under the age of 5

☐ Reliant on medical equipment  
(Please state below)

☐ Post hospital recovery

☐ If you would like your household to be removed from the Priority Services Register please tick the box.

☐ Register for our password scheme, so you can tell if our staff are genuine if they visit you. Before they enter your property, they must tell you the password first. Please tick if you would like us to use a password and please indicate what you would like your password to be in the box.

Password:

## Supply Interruptions

Do you wish to nominate someone else to contact us on your behalf regarding Supply interruptions?

☐ ☒ ☐  
Yes No

☐

If you wish to nominate a different person for **Supply Interruptions**, please tick here and provide details below:

Title:

Name:

Surname:

Address:

Line 1

Line 2

Line 3

Postcode:

Contact no:

Email Address:

### Declaration

I confirm that I or the person I am registering on behalf of would like to be added to the Priority Services Register and I understand that the information supplied will be used to make sure the right service and/or support is provided.

**Signature** - [keep within the border]

Date:

Day Month Year