

# PRIORITY SERVICES UPDATE REQUEST

As a customer registered for Priority Services, we routinely need to contact you to ensure we have the most up to date information. Please complete the form below, with as much information as possible, so we can provide you with the appropriate level of support.

\*MANDATORY FIELDS

PORTSMOUTH WATER ACCOUNT NUMBER

*(This is the 8 digit number that appears on your water bill. If you don't have it right now, don't worry, we can locate your account with your address).*

TITLE  Mr  Mrs  Ms  Miss  Mx

FIRST NAME\*

SURNAME\*

DATE OF BIRTH\*

CONTACT NUMBER\*

*(Please provide your preferred telephone number so we can get in contact with you in case of a water incident).*

ADDRESS\*

POSTCODE\*

E-MAIL ADDRESS

*(If you haven't got an e-mail address please don't worry - it is not essential).*

If your circumstances have changed, and you no longer wish to be on the Priority Services Register, please tick the box. You can contact us at any time to remove your details.

**To make sure that we register you for the correct services, please tick all of the boxes that apply to you.**

- |  |  |
|--|--|
| <input type="checkbox"/> Dialysis, feeding pump and automated medication     | <input type="checkbox"/> A medical condition dependent on water            |
| <input type="checkbox"/> Chronic / serious illness                           | <input type="checkbox"/> Hearing impairment                                |
| <input type="checkbox"/> Speech impairment                                   | <input type="checkbox"/> Partially sighted                                 |
| <input type="checkbox"/> Blind   | <input type="checkbox"/> Unable to answer door or have restricted movement |
| <input type="checkbox"/> Developmental condition (e.g learning difficulties) | <input type="checkbox"/> Mental health                                     |
| <input type="checkbox"/> Dementia / cognitive impairment                     | <input type="checkbox"/> Unable to communicate in English                  |
| <input type="checkbox"/> Pensionable age                                     | <input type="checkbox"/> Family with children under 5                      |
| <input type="checkbox"/> Restricted hand movement                            | <input type="checkbox"/> Reading difficulties                              |

**Temporary reason:**

Post hospital recovery  Life changes  Young adult householder

**Any other specific needs which may mean you need some extra help?**

continued



**Please let us know if you require these services:**

Bills and literature in large print

Bills and literature in braille

Please telephone me to read my bill

**I would like to register the following password:**

*(This password will be used every time we visit your home).*

**I would like to nominate someone for you to contact with regard to my Priority Services:**

*(e.g. in the event of a significant water outage and unable to collect from supply point, or to assist if a visit is required to check my supply).*

NAME OF NOMINEE

CONTACT NUMBER

RELATIONSHIP TO YOU

**I would like to nominate someone for you to send bills to (I understand I am responsible for paying the bill).**

NAME OF NOMINEE

ADDRESS OF NOMINEE

POSTCODE

CONTACT NUMBER

RELATIONSHIP TO YOU

**By completing this form you agree to the following notice:**

*The information you have provided about yourself, or about someone else on their behalf, will be used to make sure the right service and/or support is provided. We will record the information selected on the relevant account and keep it for as long as you want us to. We will contact you from time to time to ensure we are still providing the right level of support and to see if you require any additional assistance. This data will be shared with third parties to ensure they can arrange similar services and/or support.*

*For more information on our Priority Services Register please view our Privacy Notice at [www.portsmouthwater.co.uk](http://www.portsmouthwater.co.uk).*

