

PRIORITY SERVICES APPLICATION FORM



Your 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, you can still register with us).

First name

Surname

Address

Postcode

Preferred telephone number

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

Email address

(You don't need an email address to register for Priority Services).

☐

If your circumstances have changed, and you no longer wish to be on the Priority Services Register, please tick this 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 or someone else in your household.

- | | |
|--|--|
| <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:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Post hospital recovery | <input type="checkbox"/> Life changes | <input type="checkbox"/> Young adult householder |
|---|---------------------------------------|--|

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



Please let us know if you require these services:

☐ Bills in large print ☐ Bills 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 send bills to (I understand I am responsible for paying the bill).

Name of nominee

Address of nominee

Postcode

Telephone number

Relationship to you

**Fill in this application form and return it to us at:
Customer Services, Portsmouth Water Ltd, PO Box 99, Havant, PO9 1XX
If you need help with this form please contact Customer Services on 023 9249 9666.**

By completing this form you agree to the following notice:

The information you have provided about yourself, or about someone of 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 providing the right level of support and to see if you require any additional assistance. This data may be shared with third parties to ensure they can arrange similar services and / or support.

Where did you hear about our Priority Services?

Please refer to our Privacy Policy to understand how we may use personal information.
Please allow 10 working days for us to process your application.