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## Priority Service customer registration form

Thank you for your interest in joining our Priority Service Register. Please use this form to provide details of your special requirements, so that we can tailor our service to your particular needs.

Under the terms of our supply licence, we are required to obtain your consent to pass your details to local electricity network operator companies. Please therefore sign and return this form to enable us to pass on your details to our authorised agents, who may need to visit your house or carry out work on the electricity network. The information you provide here will be used to help us provide a better service and will be treated as confidential.

If you need help completing the form or would like to discuss it with us, please contact us on freephone 08000 326100.

### Your personal details

Full Name:

Postcode:

Account No:  
(if known) 

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### Details of your special needs

Hearing: \_\_\_\_\_

Sight: \_\_\_\_\_

Mobility: \_\_\_\_\_

Medical Equipment: \_\_\_\_\_

Other – please specify: \_\_\_\_\_

### Do you have a Textphone number?

If please advise of the number here: \_\_\_\_\_

Please tick if you require talking bills

Please tick if there are any members of your household over 60 years

## Priority Service customer registration form (continued)

### Representative:

Do you have a representative we could contact on your behalf? If so please provide contact details below:

Full Name:

Telephone No:

### Password Scheme:

For extra security, we offer a password scheme. We will only give your password to the members of staff and agents who need to know it; they will quote it to you when they call at your home. If you would like to change your password, please tell us.

Password: (8 letters max)

### Passing on details about your special needs:

In order to offer you the most appropriate service we would like to inform any agents who may need to carry out work at your property that you have special needs.

Please give your consent, by signing below, for relevant details about your special needs shown on this form to be passed on to your local electricity network operator company.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please fill in the whole form and return to:

**Ecotricity**  
**FREEPOST SWC3376**  
**Stroud**  
**Glos**  
**GL5 3ZZ**