



Registration form

If you want to have the Priority Service you need to fill out this form.



EasyRead version



Tick all the boxes that sound like you or the people you live with. I have:



an illness which lasts a very long time

a disability

a hearing difficulty

a sight difficulty

mental difficulties

dementia

a pension

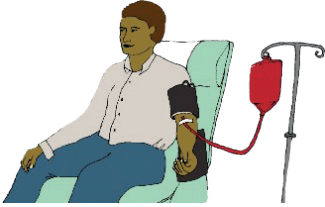
a child under 5

difficulty getting better after treatment

a problem speaking English



Write what language spoken in the box below:

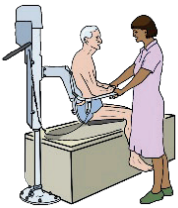


Do you have medical equipment like dialysis, ventilator, wheelchair or careline?

Yes

No

Write what equipment you have in this box:



Another reason you need extra support?

Please write in this box if you need support for any other reason:



Tick this box if you want us to let your energy company know about you. In some cases we can also inform your water supplier. We will not give your information to anyone else.

Fill in your details, detach this form, moisten along gummed edge, fold seal and put it in the post (no stamp required.)

Title:

First name:

Last name:

Home Tel:

Mobile:

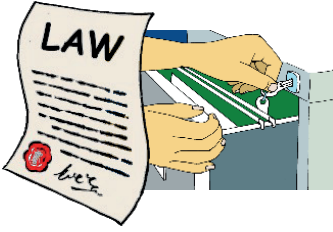
Email:

Address:

Address:

Address:

Postcode:



The law says we have to keep your information safe.

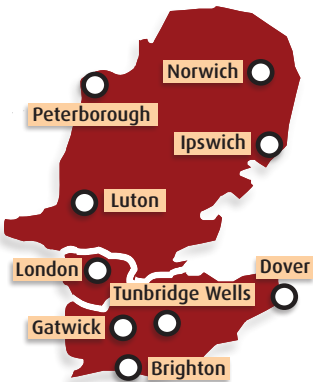


If you are filling out this form for someone else you must ask if that is ok first.

This is called Data Protection.



We will ask you if we can let your energy company know about you. In some cases we can also inform your water supplier. We will not give your information to anyone else.



If you live in this area you can contact us 24 hours a day

- Text **POWER** and your postcode to 80876
- ukpowernetworks.co.uk/liveupdates
- Call us free on 0800 31 63 105 or call 105
- Using your textphone dial 18001 or 0800 31 63 105

  Search UK Power Networks

Need anything else?

Please call us on 0800 029 4285
(Monday to Friday 9am to 5pm)



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