

If you fill in this form and return it to us, we will record your details on our Priority Services Register. We will contact you from time to time to check that your details are still up to date. Please let us know if any of your personal details or circumstances change. If you decide you don't want to be on our Priority Services Register any more, please call us back or email us and we'll remove your details. For more information on how we use your data, please see our **How We Use Your Data** booklet - either ask us to send you a copy or visit our website at: [welshwater.com/en/company-information/Data-Protection](http://welshwater.com/en/company-information/Data-Protection)

## And finally - have you?

- 1 Told us your address and telephone number
- 2 Given us your email address if you have one
- 3 Included our Reference number on your bill
- 4 Made sure your nominee (if required) has signed the form to act on your behalf and/or to receive your bill
- 5 Told us if you are having home dialysis
- 6 Signed and dated the form

Once you've filled in the form, please post it **(no stamp needed)** to:

**Dŵr Cymru Welsh Water (PSR)**  
**FREEPOST**  
**SWC 5253**  
**Cardiff**  
**CF3 5GY**

## Application Form

### I want to register for Priority Services

My name is: .....

My address is: .....

Postcode: .....

Telephone number (day): .....

Telephone number (evening): .....

Mobile number: .....

Email address: .....

Signature: .....

Date: .....

#### Customer account number:

This is the number that appears on your water bill.

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Please tick this box if you would like us to share your details with organisations in your area such as other utilities, emergency services, local authorities and health services who may be able to help you during an emergency.

## Please tell us how we can help you

Service needed (Please tick)

<input type="checkbox"/> Blind or visually impaired	<input type="checkbox"/> Physical disability
<input type="checkbox"/> Speech impairment	<input type="checkbox"/> Learning difficulties
<input type="checkbox"/> Deaf or hard of hearing	<input type="checkbox"/> A constant supply of water due to medical conditions is needed
<input type="checkbox"/> Older customer	
<input type="checkbox"/> Dialysing at home – CCPD, CAPD or DHHD/NHHDHAEMO (please specify)	<input type="checkbox"/> Other (can you explain what this is)




### Who is the service needed for?

<input type="checkbox"/> For the Account Holder (Please tick)
<input type="checkbox"/> For Someone else in the Property (Please tick and tell us their name)
<input type="checkbox"/> Are they under 18 and are you the Parent/Guardian?

- I would like help with reading my meter  
 I would like to have my meter relocated

**What happens next?** We will contact you to talk about this further.

#### I would like to receive my bill:

- On CD/MP3/audio cassette       In Braille
- In large print (please tick which size)       16     20     24
- Large print bill with a coloured background (Please tick next to your choice of colour)                      
- Register for **My Bill** where you can view your bills, current balance and the payments you've made. You can either go to [www.dwrcymru.com/mybill](http://www.dwrcymru.com/mybill) or you can contact us
- Read your bill to you over the phone
- I am housebound and would like someone to visit me to discuss ways of paying my bill

## Priority Services

### If you would like someone to act on your behalf use this section to tell us

Name of nominated person: .....

Their relationship to you: .....

Their Address: .....

.....

..... Postcode: .....

.....

Their Telephone number (day): .....

Their Telephone number (evening): .....

Their Mobile number: .....

Nominee Signature: .....

If you want the person named above to receive your bill please tick this box

#### If you want someone else to receive your bill please tell us their details below:

Name of nominated person: .....

Their relationship to you: .....

Their Address: .....

.....

..... Postcode: .....

.....

Their Telephone number (day): .....

Their Telephone number (evening): .....

Their Mobile number: .....

Nominee Signature: .....

**If you would like to join the password scheme please enter your password below. Choose a password up to 10 characters max and something that you will easily remember.**

If you would like to find out more information about Power of Attorney go to <https://www.gov.uk/government/organisations/office-of-the-public-guardian> or telephone **0300 456 0300**.