

Customer Care Plus registration form

Mr Mrs Miss Ms Other _____

Name _____

Address _____

Postcode _____

Phone Number _____

Minicom Number _____

Customer Reference Number
(as shown on your water bill) _____

Sometimes we need to visit your home. To help protect you from bogus callers we can arrange a password for you. Only you and ourselves would know this. If you would like us to use a password when visiting please write it below:

THIS INFORMATION WILL BE TREATED CONFIDENTIALLY.

Do you need this password to be shown to you in a written form?

Yes No

Are you or anyone living in your home registered disabled?

Yes No

If yes, what is the registration number:

deaf or having difficulty hearing?

Yes No

blind or partially sighted?

Yes No

vocally impaired?

Yes No

have learning difficulties?

Yes No

have mobility difficulties?

Yes No

have kidney dialysis treatment at home?

Yes No

If yes, please indicate if it is renal or CAPD dialysis

Do you or anyone in your home have any other medical condition which needs a constant water supply?

Yes No

I would like my water bill:

in large print

in Braille

read over the phone

read by Minicom

by home visit

in another language

if so, which language _____

If we plan to turn off your water supply, and you think you will have difficulty reading the card we send, would you like us to: (please tick one box)

phone you?

visit you?

If you have difficulties with your hearing and you think you may not hear the message we give out with the loudhailer in an emergency, would you like us to:
(please tick one box)

phone you?

visit you?

put a card through your letterbox?

If you have a water meter do you need help to read it?

Yes

No

Would you prefer us to send your water bill to a relative, a carer or friend?

Yes

No

If yes, please fill in the following details:

Name of your relative, carer or friend

Their address

Postcode

Their phone number

Has the person named above agreed to receive your bill?

Yes

No