



Priority Services  
Economy Energy  
Friars House  
Manor House Drive  
Coventry  
CV1 2TE

## Priority Services Register

Please complete and return the application enclosed to provide your details to Economy Energy. Based on the information provided, your details will be added to our Priority Services Register.

All information provided will be treated in the strictest confidence. This information is vitally important for our agents to ensure that you receive the correct service from Economy Energy and to ensure that, where appropriate, you are kept informed and prioritised during any electricity or gas outages. Therefore, by signing this application, providing the details to Economy Energy over the telephone or online, you consent to this data being provided to these relevant parties.

If you have any questions or require any assistance, please don't hesitate to contact the team on:

**0333 103 9053**

Thanks for choosing to be with us.  
**Economy Energy**

Please ensure that you keep us updated with any changes to your details or requirements.

## Priority services

We think it's important to make sure that, should you need them, you can access the wide range of services we offer.

If you have specific needs or are medically dependent on your energy supply, you can apply to be on our Priority Services Register. We can provide extra services for customers who have specific requirements.

## Personal Details

Title	
First Name	
Surname	
Address	
Post Code	

## Contact Details

Economy Energy Account Number	
Mobile Number	
Landline Number	
Email Address	

## Password for use by Economy Energy's appointed electricity & gas agents

(6 characters maximum)

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## Special Requirements

Please tick the description(s) that apply to you and complete any additional details required.

- |                                      |                          |  |                          |                              |                          |
|--------------------------------------|--------------------------|--|--------------------------|------------------------------|--------------------------|
| Arthritic                            | <input type="checkbox"/> | Wheelchair user  | <input type="checkbox"/> | Young adult householder      | <input type="checkbox"/> |
| Breathing Difficulty                 | <input type="checkbox"/> | Bedridden  | <input type="checkbox"/> | Blind                        | <input type="checkbox"/> |
| Dementia                             | <input type="checkbox"/> | Chronic/ Serious illness                                 | <input type="checkbox"/> | Deaf                         | <input type="checkbox"/> |
| Foreign Language (please elaborate)  | <input type="checkbox"/> | Developmental Condition                                  | <input type="checkbox"/> | Female presence required     | <input type="checkbox"/> |
| Heart Condition                      | <input type="checkbox"/> | Learning Difficulties                                    | <input type="checkbox"/> | Hearing/ Speech difficulties | <input type="checkbox"/> |
| Partially Sighted/ Visually impaired | <input type="checkbox"/> | Physical impairment/ Poor walking/ Unable to answer door | <input type="checkbox"/> | Mental Health problems       | <input type="checkbox"/> |
| Supported Living                     | <input type="checkbox"/> | Restricted hand movement                                 | <input type="checkbox"/> | Poor sense of smell          | <input type="checkbox"/> |
| Other (please elaborate)             | <input type="checkbox"/> | Restricted movement                                      | <input type="checkbox"/> |                              |                          |

Please Elaborate

- |  |                          |                          |                          |                   |                          |
|--|--------------------------|--------------------------|--------------------------|-------------------|--------------------------|
| Aged 75 and over                           | <input type="checkbox"/> | Of pensionable age       | <input type="checkbox"/> | Aged 18 and Under | <input type="checkbox"/> |
| No. of other residents of pensionable ages | <input type="checkbox"/> | No. of residents under 6 | <input type="checkbox"/> |                   |                          |

## Electricity Dependency

Please provide details if you have any of the following in your home, which a resident relies on:

- |   |                          |                                    |                          |                        |                          |
|---|--------------------------|------------------------------------|--------------------------|------------------------|--------------------------|
| Bath Hoist                              | <input type="checkbox"/> | Care line system                   | <input type="checkbox"/> | Dialysis               | <input type="checkbox"/> |
| Heart, lung machine/ Ventilator         | <input type="checkbox"/> | Feeding pump/ Automated medication | <input type="checkbox"/> | Medicine Refrigeration | <input type="checkbox"/> |
| Nebuliser or Apnoea monitor             | <input type="checkbox"/> | Oxygen Concentrator                | <input type="checkbox"/> | Stair lift             | <input type="checkbox"/> |
| Other Medical dependency on Electricity |                          |                                    | <input type="checkbox"/> |                        |                          |
- Please elaborate below

## Requested Services

- Please tick the service(s) that are of interest:
- |                                |                          |   |                          |
|--------------------------------|--------------------------|---|--------------------------|
| Gas Safety Check               | <input type="checkbox"/> | Quarterly reads, as unable to physically read meter | <input type="checkbox"/> |
| Moving an Prepayment meter     | <input type="checkbox"/> | Large print correspondence/bill                     | <input type="checkbox"/> |
| Services for Visually impaired | <input type="checkbox"/> | Braille correspondence/bill                         | <input type="checkbox"/> |
| Services for Hearing impaired  | <input type="checkbox"/> | Audio correspondence/ bill                          | <input type="checkbox"/> |

## Third Party Representative

Please complete this section if you require another person to receive your bills/statements and communicate with Economy Energy on your behalf.

Title	
First Name	
Surname	
Address	
Post Code	
Mobile Number	
Landline Number	
Email Address	
Address	
Relation to Account holder	

Signature:.....

Date:.....

**Please return via post to:**

**Priority Services, Economy Energy, Friars House,  
Manor House Drive, Coventry, CV1 2TE**