

# Extra care services request form.



Name

Address

Postcode

Telephone

standard phone / textphone / fax / typetalk\*

(\*delete as appropriate)

Bill A/C Number\*\*

\*\* You can find this on the top of your bill

## So that we can be as helpful as possible, which of the following best describes your circumstances?

(Tick more than one if appropriate):

Partially sighted

Hard of hearing

Blind

Speech impediment

Reading difficulties

Wheelchair user

Dyslexic

Mobility problems

Deaf

Elderly

Home dialysis machine user

Other\*\*\*

\*\*\*Please supply additional relevant information:

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Any information you give us will be treated in the strictest confidence. Only relevant staff will have access to your details to provide you with the most helpful service possible.

## I'd like to receive the following services:

Password scheme

I'd like my password to be:

No more than 8 letters please. Please write your password down somewhere safe, so you remember it.

## If your water supply is interrupted:

I'd like help if my water supply is interrupted

Large print

Braille

Grade 1

Grade 2

Talking bills

Bills on coloured background

Yellow

Green

Other

please specify \_\_\_\_\_

Textphone

Fax

Sign language

BSL

SSE

(if we should ever need to visit you)

Do you use Screen Reading Software, for example Jaws

Yes

No

If yes, would you like your bills emailed?

Yes

No

Please give us your email address

## If you'd like someone else to be able to contact us about your account but you still want the bill sent to you, please provide details:

Their name is

Relationship to you

## I'd like my bill sent to someone else on my behalf:

Their name

Their address

Postcode

Telephone Number

Relationship to you

Do you have any suggestions or comments you'd like to make about any of our services?

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Signature \_\_\_\_\_

Please fill in the form and send to: Thames Water, Extra Care Services, PO Box 508, Swindon, SN38 2TX