

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
- Blind
- Reading difficulties
- Dyslexic
- Deaf
- Hard of hearing
- Speech impediment
- Wheelchair user
- Mobility problems
- Elderly
- Home dialysis machine user
- Other***

***Please supply additional relevant information:

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 would like to receive the following services:

Password scheme

I would like my password to be⁺

⁺No more than 8 letters please.

Please write your password down somewhere safe, so you remember it yourself.

I would 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 would 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 would 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 would like to make about any of our services?

Signature _____

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