



> hello@outfoxthemarket.co.uk



Outfox The Market, North Mills, Frog Island, Leicester, LE3 5DL

# The Priority Services Register

Please complete and return the application form below to provide Outfox The Market with your details and be included in our Priority Services Register. All information provided to Outfox The Market will be treated in the strictest confidence. This information is vitally important for us to ensure that you receive the correct services and support, and where appropriate, you are kept informed during any electricity or gas outages.

By signing this application, or providing your details over the phone, you consent to this data being distributed to relevant industry parties and partners.

If you have any questions or require any assistance in understanding our Priority Services Register policy please don't hesitate to contact the team on:

0800 103 2702

Warmest Regards,

Your Team at Outfox The Market

<sup>\*</sup>Please ensure that you keep Outfox The Market updated with any changes of your personal details or requirements



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## **Personal Details**

Title				
First name				
Surname				
Address				
Postcode				
Contact Details				
Outfox account	number			
Landline				
Mobile				
Email address				



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# **Special Requirements**

1 1				
Please tick the description(s) that apply to additional details required.	you below and complete any			
Pensioner:	Pensioner:			
☐ No. of other residents:	☐ No. of other residents:			
☐ Disabled:	Arthritis:			
☐ Visually impaired:	☐ Dementia:			
☐ Deaf:	Learning difficulties:			
☐ Hearing impaired:	Speech difficulties:			
Restricted Movement:	☐ Breathing difficulties:			
☐ Bedridden:	Poor sense of smell:			
☐ Wheelchair user:	Serious / Chronic:			
Poor walking:	☐ Heart condition:			
Other:	Foreign language:			
	Please elaborate:			
Electricity Dependency				
Please let us know if a resident at your pro	perty relies on any of the following:			
Stair lift:	☐ Bath Hoist:			
☐ Ventilator:	☐ Nebuliser:			
☐ Heart/Lung machine:	Oxygen Concentrator:			
☐ Kidney Dialysis Machine:	Apnoea Monitor:			
	Please elaborate:			



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Requested Se	rvices	
•		
Please tick the se	ervice(s) that are of interest.	
	e by Outfox The Market, ers and agents: (8 characters maximum)	
☐ Gas Safety C	Check:	
Services for	the visually impaired:	
☐ Services for	the hearing impaired:	
☐ Unable to ph	nysically read meter:	
☐ Large print b	oill / correspondence:	
☐ Braille bills /	correspondence:	
☐ Talking bills	/ correspondence:	
Third Party Re	presentative	
your bills / stater	this section if you require another person ment or other communication, as well as c et on your behalf.	• •
Title		
First name		
Surname		
Address		



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### Third Party Representative (cont'd)

Please complete this section if you require another person to receive a copy of your bills / statement or other communication, as well as communicate with Outfox The Market on your behalf.

Postcode	
Landline	
Mobile	
Email address	
Relationship	
Signature	Date

Please return your form via post to:

Outfox The Market, North Mills, Frog Island, Leicester, LE3 5DL.

Alternatively, you can fill in the form using Adobe Acrobat and send the document back to us. Just attach it to an email and send it over to – hello@outfoxthemarket.co.uk