

The information you provide may be processed outside of the European Economic Area by one of our suppliers who work on our behalf. This is to assist with account administration.

By registering for the service, you agree to this transfer, storing or processing.

We will take all steps reasonably necessary to ensure that your data is treated securely and in accordance with our privacy policy.

Your personal and sensitive information may also be shared with other organisations, such as the Police, Fire, Ambulance, Local Authority and Health Services to ensure that you receive support during an emergency.

For full information please read our privacy policy on our website at www. anglianwater.co.uk or call 03457 919 155.

NB. Please allow 7 days for us to process your registrations.

OUR PRIORITY SERVICE

From all walks of life, around 90,000 customers rely on us for water and water recycling services round the clock every day of the year.

That's an enormous responsibility and we take delivering excellent customer service to every one of our customers very seriously.

Part of that commitment to excellence means we understand that from time to time some of our customers will need extra special care.

That's just what our Careline service offers

REGISTER FOR CARELINE AND WE CAN GIVE EXTRA HELP WITH:

Water when the supply is interrupted

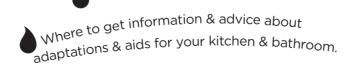
















Our Priority Services are our way of helping and are FREE to anyone who is eligible to register - simply complete this prepaid form, seal and return it to us.

Please fill out this form and post it back to us using the supplied pre-paid envelope.









OUR PRIORITY SERVICE

Customer reference	
Mr/Mrs/Miss/Ms/Dr	
Name	
Address	
Postcode	
Telephone number (inc. area code)	
Daytime	
Evening	

Please	add me	e to the	Careline
Priority	/ Service	e regis	ter

Priority Service register
I am elderly
I am classed as disabled Please read
I am deaf the following statements
I have hearing difficulties and tick where appropriate:
I am blind
I am partially sighted
I am a haemo (kidney) dialysis patient and have a dialysis machine at home
I am a peritoneal (kidney) dialysis patient and have a dialysis machine at home
I suffer from the following medical condition (please indicate)
Any other reason not listed above (please indicate)

Bills and any available information in Braille

Bills and any available information in large print

Bills read over the telephone

Bills sent to a nominee

Please indicate which of the following services you would like:

If you would like us to send your nominee a copy of your bills/all your correspondence (delete as applicable), please complete the following:

Correspondence sent to a nominee

Password - please state:....

Name	 	

Mr/Mrs/Miss/Ms/Dr

Postcode

Their telephone number (inc. area code)

Your signature

Your nominee's signature