

**Additional Information (tick if required)****Audio cassettes and large print publications**

Please select only one of audio tape or large print.  
(Large print copies will only be available in black and white.)

Additional Services (this publication)

In doubt? Keep them out!

A guide to having a water meter

How we handle your complaints

Our Commitment to You

Code of Practice for the Collection of Unpaid  
Charges for Household Customers

A guide to your water bill (Unmeasured)

A guide to your water bill (Measured)

Welsh Water Assist

Audio Tape	Large Print
<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Declaration**

I agree that the information provided in this application form may be held and used by Welsh Water (and its authorised employees and agents) to provide the services I have applied for:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this application in an envelope to

Dŵr Cymru Welsh Water, FREEPOST SWC 5253, Cardiff. CF3 5GY

**N.B. Remember if you are applying for the Redirection of Bills or Callers Services the nominees must also sign the appropriate section of page 2.**



N.B. Please return this application in an envelope to Dŵr Cymru Welsh Water, FREEPOST SWC 5253, Cardiff. CF3 5GY  
**(no stamp needed)**

## Application Form

**I wish to register for the following Additional Services.**

**(PLEASE PRINT)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Customer Reference Number: \_\_\_\_\_

**(This can be found at the bottom of your bill)**

Additional information	Please tick if appropriate <input checked="" type="checkbox"/>
Are you or anyone who lives with you blind or have difficulty with sight?	<input type="checkbox"/>
Are you or anyone who lives with you deaf or have difficulty with hearing?	<input type="checkbox"/>
Do you or anyone who lives with you have a physical disability which restricts movement? If so, please state the disability _____	<input type="checkbox"/>
Do you or anyone who lives with you have Kidney Dialysis at home?	<input type="checkbox"/>
Do you or anyone who lives with you have learning difficulties?	<input type="checkbox"/>

↓ Tear along perforation and return ↓

**Additional Information**

(tick if required)

**Please print in capital letters**

Password Scheme	<input type="checkbox"/> I wish to join the password scheme and my choice of password is: _____
Redirection of Callers	<input type="checkbox"/> I wish to join the Redirection of Callers Service and the person who has agreed to check the identification of callers on my behalf is:  Name: _____  Address: _____ _____ _____ Postcode: _____  Telephone: _____  Signature: _____ (Nominated person)
Redirection of Bills	<input type="checkbox"/> I wish to join the Redirection of Bills Service and the nominated person is different from above:  Name: _____  Address: _____ _____ _____ Postcode: _____  Telephone: _____  Signature: _____ (Nominated person)
Audio Bills	<input type="checkbox"/> I wish to receive my bills on audio cassette
Minicom Service	<input type="checkbox"/> I wish to join the minicom textphone service and my minicom number is: _____
Braille Bill Service	<input type="checkbox"/> I wish to receive my bill in braille

