

Registration Form for Special Services

Your Details

Name

Address

Phone

Email

Energia Account No

Please tick the box that applies to you

- Aged 66 or over, living alone, with another vulnerable person or with minors
- Blind or Visually Impaired
- Mobility Impaired
- Mental Health

- Learning Disability
- Deaf or Hearing Impaired
- Critically dependent on medical equipment**
- Life Support Non Life Support

If you are **critically dependent on medical equipment**, your information will be forwarded to ESB or Gas Networks Ireland. Please note we may need to ask you to provide medical evidence of your vulnerability.

Services Required

- Braille bill
- Talking bill
- Large print bill

Redirecting Bills to a Carer

If you would like us to send your bills and other communications to a carer, relative or friend, please provide their details below.

Name

Address

Home Phone

Mobile

Email

Signature

Date

 / /

If you have any queries about filling out this form, please call us on 1850 405 405.

Please return the completed form to:

Energia, Freepost FDN5256, PO Box 12380, Dublin 2.