

# 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

Blind or visually impaired

Deaf or hearing impaired

Critically dependent on medical equipment

If you are critically dependent on medical equipment, your information will be forwarded to ESB or Bord Gáis Networks.

## 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

PO Box 12380

Dublin 2.