

# 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.**