



Priority Services Application Form

By completing this document, signing the declaration, and returning it to us you are confirming that you or the person you are registering on behalf of would like to be added to the Affinity Water Priority Services Register. You are also confirming that you are happy for Affinity Water to securely hold and process your contact information and information about the stated needs including limited medical information.

Fill in this form in CAPITAL LETTERS and black ink only. Please write only within the white boxes.

Customer Reference Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Contact Details	
Title:	<input type="text"/>
Name:	<input type="text"/>
Surname:	<input type="text"/>
Supply Address:	
Line 1	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
	Postcode: <input type="text"/>
Contact no:	<input type="text"/>
Email Address:	<input type="text"/>

This contact information will be used to link your needs and our services. It will be held securely on our customer system and will be accessible to Affinity Water employees and trusted partners for providing you with clean, safe water.

