OVO Energy
Rivergate
1 Rivergate
Temple Quay
Bristol BS1 6ED

hello@OVOenergy.com
www.OVOenergy.com

Date:
Account Number:

Priority Services Register

Please complete and return the application enclosed to provide your details to OVO Energy. Based on the information provided, your details will be added to our Priority Services Register.

All information provided will be treated in the strictest confidence. This information is vitally important for our agents to ensure that you receive the correct service from OVO and to ensure that, where appropriate, you are kept informed and prioritised during any electricity or gas outages. Therefore, by signing this application, providing the details to OVO over the telephone or online, you consent to this data being provided to these relevant parties.

If you have any questions or require any assistance please don't hesitate to contact the team on:

0800 5999 440

Kind Regards

The OVO Team

**Please ensure that you keep OVO updated with any changes to your details or requirements.*

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Personal Details

Title	
First Name	
Surname	
Address	
Post Code	

Contact Details

OVO Account number	
Mobile Number	
Landline Number	
Email Address	

Special Requirements

Please tick the description(s) that apply to you and complete any additional details required.

Pensioner: ☐ No. of residents of pensionable age:

No. of other residents: No. of residents under 18:

Disabled:	☐	Restricted Movement:	☐	Dementia:	☐
Visually impaired:	☐	Blind:	☐	Hearing impaired:	☐
Deaf:	☐	Learning Difficulties:	☐	Serious Illness:	☐
Bedridden:	☐	Wheelchair User:	☐	Poor Walking:	☐
Heart Condition:	☐	Arthritic :	☐	Breathing Difficulties:	☐
Speech Difficulties:	☐	Poor sense of smell:	☐	Foreign Language	☐
Other:	☐	Please Elaborate:			

Electricity Dependency

Please provide details if you have any of the following in your home, which a resident relies on:

Stair Lift:	☐	Heart/Lung machine:	☐	Bath Hoist:	☐	Oxygen concentrator:	☐
Ventilator:	☐	Kidney Dialysis Machine:	☐	Nebuliser:	☐	Apnoea monitor:	☐

Other Medical dependency on electricity: ☐ Please Elaborate:

Requested Services

Please tick the service(s) that are of interest.

Password for use by OVO's appointed electricity & gas agents (6 characters maximum)

Gas Safety Check:	☐	Quarterly reads, as unable to physically read meter:	☐
Moving a prepayment meter:	☐	Large print bill/correspondence:	☐
Services for visually impaired:	☐	Braille bills/correspondence:	☐
Services for hearing impaired:	☐	Talking Bills/correspondence:	☐

Duplicate bill/statement to a third party (please complete the 'Third Party Representative' section below):

Third Party Representative

Please complete this section if you require another person to receive your bills/statements and communicate with OVO on your behalf.

Title	
First Name	
Surname	
Address	
Post Code	
Mobile Number	
Landline Number	
Email Address	
Relation To Ac Holder	

Signature:_____**Date:**_____

Please return via post to:

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Or to: hello@OVOenergy.com