



@ [kapow@outfoxthemarket.co.uk](mailto:kapow@outfoxthemarket.co.uk)

📍 Outfox The Market, North Mills,  
Frog Island, Leicester, LE3 5DL

🌐 [outfoxthemarket.co.uk](http://outfoxthemarket.co.uk)

## The Priority Services Register

Please complete and return the application form below to provide Outfox The Market with your details and be included in our Priority Services Register.

All information provided to Outfox The Market will be treated in the strictest confidence.

This information is vitally important for us to ensure that you receive the correct services and support, and where appropriate, you are kept informed during any electricity or gas outages.

By signing this application, or providing your details over the phone, you consent to this data being distributed to relevant industry parties and partners.

If you have any questions or require any assistance in understanding our Priority Services Register policy please don't hesitate to contact the team on:

**0800 103 2702**

Warmest Regards,

Your Team at Outfox The Market



\*Please ensure that you keep Outfox The Market updated with any changes of your personal details or requirements.



0800 103 2702

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## Personal Details

Title	<input type="text"/>
First Name	<input type="text"/>
Surname	<input type="text"/>
Address	<input type="text"/>
Post Code	<input type="text"/>

## Contact Information

Outfox Account Number	<input type="text"/>
Landline	<input type="text"/>
Mobile	<input type="text"/>
Email Address	<input type="text"/>



## Special Requirements

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

- |  |   |
|--|---|
| <input type="checkbox"/> Pensioner:              | <input type="checkbox"/> No. of residents of pensionable age: |
| <input type="checkbox"/> No. of other residents: | <input type="checkbox"/> No. of resident under 18:            |
| <input type="checkbox"/> Disabled:               | <input type="checkbox"/> Arthritis:                           |
| <input type="checkbox"/> Blind:                  | <input type="checkbox"/> Dementia:                            |
| <input type="checkbox"/> Visually impaired:      | <input type="checkbox"/> Learning Difficulties:               |
| <input type="checkbox"/> Deaf:                   | <input type="checkbox"/> Speech Difficulties:                 |
| <input type="checkbox"/> Hearing impaired:       | <input type="checkbox"/> Breathing Difficulties:              |
| <input type="checkbox"/> Restricted Movement:    | <input type="checkbox"/> Poor sense of smell:                 |
| <input type="checkbox"/> Bedridden:              | <input type="checkbox"/> Serious / Chronic                    |
| <input type="checkbox"/> Wheelchair User:        | <input type="checkbox"/> Heart Condition:                     |
| <input type="checkbox"/> Poor Walking:           | <input type="checkbox"/> Foreign Language:                    |
| <input type="checkbox"/> Other:                  | Please Elaborate:   |

## Electricity Dependency:

Please let us know if a resident at your property relies on any of the following:

- |  |   |
|--|---|
| <input type="checkbox"/> Stair Lift:               | <input type="checkbox"/> Bath Hoist:          |
| <input type="checkbox"/> Ventilator:               | <input type="checkbox"/> Nebuliser:           |
| <input type="checkbox"/> Heart/Lung Machine:       | <input type="checkbox"/> Oxygen Concentrator: |
| <input type="checkbox"/> Kidney Dialysis Machine:  | <input type="checkbox"/> Apnoea Monitor:      |
| <input type="checkbox"/> Other Medical dependency: | Please Elaborate:                             |



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## Requested Services

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

Password for use by Outfox The Market, appointed partners and agents: (8 characters maximum)

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- Gas Safety Check:
- Services for the visually impaired:
- Services for the hearing impaired:
- Unable to physically read meter:
- Large print bill / correspondence:
- Braille bills / correspondence:
- Talking bills / correspondence:

## Third Party Representative

Please complete this section if you require another person to receive a copy of your bills / statement or other communication, as well as communicate with Outfox The Market on your behalf.

Title

First Name

Surname

Address

Post Code



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### Third Party Representative (cont'd)

Please complete this section if you require another person to receive a copy of your bills / statement or other communication, as well as communicate with Outfox The Market on your behalf.

Landline

Mobile

Email Address

Relationship

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return your form via post to

**Outfox The Market, North Mills, Frog Island, Leicester, LE3 5DL.**

Alternatively, you can fill in the form using Adobe Acrobat and send the document back to us. Just attach it to an email and send it over to – [kapow@outfoxthemarket.co.uk](mailto:kapow@outfoxthemarket.co.uk)