



## Vulnerability Form

Please complete and return this form to [billing@vitalenergi.co.uk](mailto:billing@vitalenergi.co.uk):

1) CUSTOMER NAME: \_\_\_\_\_

2) CUSTOMER ADDRESS: \_\_\_\_\_

3) POST CODE: \_\_\_\_\_ 4) TELEPHONE NO: \_\_\_\_\_

5) EMAIL: \_\_\_\_\_

Level of Vulnerability 1 – 5 (1 being high)

1  2  3  4  5

7) AUTHORISED PERSONS NAME: \_\_\_\_\_

8) TELEPHONE NO: \_\_\_\_\_

9) EMAIL: \_\_\_\_\_

SIGNED: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ Landlord / Letting Agent / Housing Association



**Notes:**

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**Office Use Only:**

**Date Form Received:**

**System updated:**

**Date:**