TARANAKI ELECTRICITY TRUST

MOBILITY SCOOTER APPLICATION

(from August 2023)

2. That the recipient is able to operate a Mobility Scooter

OfficeUse	
Scooter Number:	
Make:	
Date:	

1. Name of Applicant:	
2. Postal Address:	
2. I Ostal Address.	
3. Contact Person:	
Name:	
Address:	
E Mail:	
Phone No. Daytime:	
Nighttime:	
A. Have you received a grant from TET No Yes	If yes, specify date:
5. Please state the reason for the applica	ntion
6. Please attach your Doctors recommer NB: The Doctor should state:	ndation for a Mobility Scooter

7. Household Fina		
Assets:	Details:	Amount:
Bank Accounts		
Investments		
House		
Car		
Other Assets		
Total Assets		
Liabilities:	Details:	Amount:
Bank Loans		
Mortgages		
Other Liabilities		
Total Liabilities		
Do you have a Far	nily Trust? Yes	s/No
	0 T II T 10 T	N.T.
Are you a benefici	ary of a Family Trust? You	es/No
Please provide any	further information you deem re	levant:
8. Conditions of U	Igo	

- 1. The scooter remains the property of the local agency at all times
- 2. Scooters must be insured under the recipients Household Effects Policy
- 3. Scooters must be housed out of the weather at all times
- 4. The cost of any maintenance and repairs of the scooter is the responsibility of the recipient
- 5. Scooters must not be domiciled outside of the TET area
- 6. When the Scooter is no longer required the recipient (or agent) must contact the local agency
- 7. Scooters will be issued, if and when they become available, at the discretion of the local agency
- 8. Change of address or contact phone numbers must be advised to the local agency immediately
- 9. The Scooter will not be issued until the declaration below is signed by the recipient

9. Declaration:
I hereby declare that the information supplied is true and correct and I agree to the conditions of use:
Signed:
Date:

Residents in the Waitara area please post this application to: Waitara Mobility Scooter Agency, 5 West Quay, Waitara. Email: paynesplace@xtra.co.nz

Residents in the Stratford/Eltham/Kaponga area please post this application to: TET Community Assistance Project, c/- 9 Cassandra Street, Stratford. Email: deaths@xtra.co.nz

Residents in the Inglewood area please post this application to: Inglewood Lions Club, 35 Moa Street, Inglewood.