

# TARANAKI ELECTRICITY TRUST

## MOBILITY SCOOTER APPLICATION

(from March 2016)

OfficeUse	
Scooter Number:	
Make:	
Date:	

<b>1. Name of Applicant:</b>	
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<b>2. Postal Address:</b>	

<b>3. Contact Person:</b>	
<b>Name:</b>	
<b>Address:</b>	
<b>E Mail:</b>	
<b>Phone No. Daytime:</b>	
<b>Nighttime:</b>	

<b>4. Have you received a grant from TET before?</b>	
No <input type="checkbox"/>	Yes <input type="checkbox"/> If yes, specify date: _____

<b>5. Please state the reason for the application</b>

<b>6. Please attach your Doctors recommendation for a Mobility Scooter</b>
NB: The Doctor should state:
1. The reason that the recipient requires a Mobility Scooter
2. That the recipient is able to operate a Mobility Scooter

7. Personal Financial Statement		
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Assets:	Details:	Amount:
Bank Accounts		
Investments		
House		
Car		
Other Assets		
<b>Total Assets</b>		

Liabilities:	Details:	Amount:
Bank Loans		
Mortgages		
Other Liabilities		
<b>Total Liabilities</b>		

<b>Do you have a Family Trust?</b>	<b>Yes/No</b>
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<b>Are you a beneficiary of a Family Trust?</b>	<b>Yes/No</b>
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<b>Please provide any further information you deem relevant:</b>

8. Conditions of Use
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| 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:
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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  
 c/- PO Box 123, Waitara.  
 Residents in the Stratford/Eltham/Kaponga area please post this application to: TET Community Assistance Project, c/- 444E Broadway South, Stratford  
 Residents in the Inglewood area please post this application to: Inglewood Lions Club, PO Box 95, Inglewood