

TARANAKI ELECTRICITY TRUST

MOBILITY SCOOTER APPLICATION

(from March 2016)

OfficeUse	
Scooter Number:	
Make:	
Date:	

1. Name of Applicant:	
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2. Postal Address:	

3. Contact Person:	
Name:	
Address:	
E Mail:	
Phone No. Daytime:	
Nighttime:	

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

5. Please state the reason for the application

6. Please attach your Doctors recommendation for a Mobility Scooter
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		
Total Assets		

Liabilities:	Details:	Amount:
Bank Loans		
Mortgages		
Other Liabilities		
Total Liabilities		

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

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:

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

Date:

Residents in the Waitara area please post this application to: Waitara Mobility Scooter Agency, 5 West Quay, 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