TARANAKI ELECTRICITY TRUST

MOBILITY SCOOTER APPLICATION

(from April 2024)

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

OfficeUse	
Scooter Number:	
Make:	
Date:	

1. Applicant:	
Name:	
Address:	
E Mail:	
Phone No. Daytime:	
Nighttime:	
2 Altaumatina Cantoot Bonoon	ı
2. Alternative Contact Person:	
Name: Address:	
Address: E Mail:	
Phone No. Daytime:	
Nighttime:	
2 Have you wereived a quant from TET	The ferre 0
3. Have you received a grant from TET No Yes	If yes, specify date:
4. Please state the reason for the application	ation
	ndation for a Mobility Secretor

6. Personal Finance	cial Statement			
Assets:	Details:		Amount:	
Bank Accounts				
Investments				
House				
Car				
Other Assets				
Total Assets				
Liabilities:	Details:		Amount:	
Bank Loans	Details.		Amount.	
Mortgages				
Other Liabilities				
Total Liabilities				
Do you have a Far	mily Trust?	Yes/No O		
Are you a benefici	iary of a Family Trust? C	Yes/No O		
Г <u></u> -				
Please provide any	y further information you dee	n relevant:		
7. Conditions of U	Tee			
The scooter remains the property of the local agency at all times				
	at be insured under the recipients		cv	
	at be housed out of the weather a			
			ibility of the recipient	
4. The cost of any maintenance and repairs of the scooter is the responsibility of the recipient5. 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				
agency8. 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				
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<u> </u>				
9 Declaration.				
8. Declaration: I hereby declare that the information supplied is true and correct and I agree to the conditions of use:				
Signed:				
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/- 9 Cassandra Street, Stratford.

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

All emailed application forms must be sent to taret@xtra.co.nz