

TARANAKI ELECTRICITY TRUST

MOBILITY SCOOTER APPLICATION

(from April 2024)

Office Use	
Scooter Number:	
Make:	
Date:	

1. Applicant:	
Name:	
Address:	
E Mail:	
Phone No. Daytime:	
Nighttime:	

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

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

[illegible]

5. 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

6. Personal Financial Statement		
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?	<input type="radio"/> Yes/No <input type="radio"/>
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Are you a beneficiary of a Family Trust?	<input type="radio"/> Yes/No <input type="radio"/>
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Please provide any further information you deem relevant:

7. Conditions of Use
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

8. 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, 8 Warre Street, 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