TARANAKI ELECTRICITY TRUST

MOBILITY SCOOTER APPLICATION

(from March 2016)

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

OfficeUse	
Scooter Number:	
Make:	
Date:	

1. Name of Applicant:					
2. Postal Address:					
3. Contact Person:					
Name:					
Address:					
E Mail:					
Phone No. Daytime:					
Nighttime:					
4. Have you received a grant from TET before?					
No Yes	If yes, specify date:				
5. Please state the reason for the applica	ition				
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6. Please attach your Doctors recommendation for a Mobility Scooter					
NB: The Doctor should state:	idation for a problinty Scotter				
1. The reason that the recipient requires a N	Mobility Scooter				

Assets: Details: Amount: Bank Accounts Investments House Car Other Assets Total Assets Liabilities: Details: Amount: Bank Loans Mortgages Other Liabilities Total Liabilities Total Liabilities Do you have a Family Trust? Yes/No Are you a beneficiary of a Family Trust? Yes/No Please provide any further information you deem relevant: 8. 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 moused out of the weather at all times 4. The cost of any maintenance and repairs of the scooter is the responsibility of the rec 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 agency 7. Scooters will be issued, if and when they become available, at the discretion of agency 8. Change of address or contact phone numbers must be advised to the local immediately 9. The Scooter will not be issued until the declaration below is signed by the recipient	7. Personal Financial Statement				
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	Change of add	be advised to the local	agency		
2. The Second will not be issued when the decidiation below is signed by the recipient		s signed by the recipient			
0 D. J	-14'				
9. Declaration: I hereby declare that the information supplied is true and correct and I agree to the condition		and Lagrage to the secondition	20 of		

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

Quay, Waitara.

Residents in the Waitara area please post this application to: Waitara Woodinty Scooler 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. PC

Signed:

Date:

Residents in the Inglewood area please post this application to: Inglewood Lions Club, PO Box 95, Inglewood