

PERMISISON TO KEEP A MOBILITY SCOOTER APPLICATION

This is an application only. Formal consent to move must be obtained from the council.

Tenant Details

Address and Postcode:

Contact Details:Tenant NameHome TelephoneMobileWorkEmail

Occupant Requiring Permission:

Occupant (tenant, son et	First Name	Surname	Sex	Registered Disabled? Yes / No

If registered disabled, please provide proof and a description of the disability requiring use of a mobility scooter
Where is it proposed to store the mobility scooter? (please note this cannot be a communal area or in your home)
Do you require any adaptations to assist you? (budgets permitting) Yes 🗌 No 🗌
Tenant Signed: Date:
Print name:
Office Use Only: Permission Granted Permission Refused
Signed Date:
Neighbourhood Housing Officer name: