

## **Mobility Scooter Agreement**

**To be completed by Housing Officer and signed by the resident, copy to be kept by both parties.**

**Name of resident:** .....

**Address:** .....

.....**Postcode:** .....

**Date mobility vehicle allowed to be stored from:** .....

**Complete information below with relevant details:**

**Mobility vehicle Make/Model:** ..... / .....

**Engine size:** .....

**I agree to:**

- Confirm that I have read and understood the Mobility Scooter Policy and will adhere to it.
- Store and recharge my vehicle in a safe place and not leave it in communal areas at any time.
- Use my vehicle safely and without causing unnecessary risk to others.
- Reimburse Knowsley Housing Trust for any damage caused by the use of the mobility vehicle.

I understand that Knowsley Housing Trust will not tolerate a breach of these rules and takes no responsibility for mobility scooter left on its premises. I also understand that Knowsley Housing Trust will take action should these rules be broken.

This agreement acts as approval for you the resident to keep a mobility vehicle as per the above terms.

**Signed Resident** .....**Print name**.....

**Signed Housing Officer** ..... **Print name**.....

**Date**.....