



## The Towers

### Motorized Vehicle Use in The Towers Acknowledgement

The Towers Board of Directors requires that if you own a motorized vehicle, you read the Motorized Vehicle Use In The Towers Policy, complete this form and return it to the Administration Office for approval. Please print legibly.

#### Resident Information

\_\_\_\_\_  
Unit Number

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Resident's Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Owner's Name (if applicable)

\_\_\_\_\_  
Telephone Number

#### Motorized Vehicle Information

\_\_\_\_\_  
Type of Vehicle (Wheelchair/Scooter/Other)

\_\_\_\_\_  
ID Number

\_\_\_\_\_  
Description

#### Acknowledgement

*By signing, you are acknowledging that you received, read, understand and agree to the Motorized Vehicle Use in The Towers Policy.*

\_\_\_\_\_  
Resident's Signature

#### Mutual 50 Approval Authorization

Doctor's Prescription

Certification of Insurance (\$250,000)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date