



TOWN OF SULLIVAN'S ISLAND HANDICAP WHEELCHAIR APPLICATION

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

DRIVER'S LICENSE #: _____

PHONE NUMBER: _____

DATES REQUESTED: _____

RULES/TERMS OF AGREEMENT

1. Wheelchair may only be reserved for a period of two days.
2. Any applicant requesting to keep the wheelchair overnight must be residing on Sullivan's Island.
3. Sullivan's Island is not liable for any injury obtained while using the Handicap Wheelchair.
4. Applicant is responsible for pick up and drop off.
5. A \$50 refundable security deposit will be required for non-residents. No deposit will be required for a resident.
6. The applicant is responsible for any damage that occurs to the Handicap Wheelchair during their use.

I _____ agree to all the terms of agreement.
(Print Name)

APPLICANT SIGNATURE: _____

FOR OFFICE USE ONLY:

Approved by: _____ Date: _____

Released by: _____ Date: _____

Received by: _____ Date: _____

Chair #: _____