



MOBILITY AND ADPATIVE EQUIPMENT LOAN PROGRAM
LANDLORD PERMISSION TO INSTALL

Reference: Date: dd mm yy
Client name:
Address: City:
Province: Postal Code:

Dear Sir or Madam:

Your tenant (named above) has been prescribed medical equipment which will be funded by the Department of Social Development Mobility and Adaptive Equipment Loan program. The following equipment will be required to be professionally installed by a licensed service technician and all costs associated with the installation will be covered by Social Development.

Table with 2 columns: Equipment type, Location of installation. Rows 1, 2, 3.

The department requires your permission before the equipment is installed at the address above. Please check the box below to indicate your response and provide your signature and the date. Once this is completed please return it to the prescribing therapist.

- I do give permission to have this equipment installed by a licensed service technician who is under contract with Social Development.
I do give permission to have the equipment installed by a licensed service technician but wish to be present when the installation is completed.
I do not give permission to have the equipment installed.

Landlord Information:

Last Name: First Name:
Contact #: Signature:

Prescribing therapist contact information:

Name: E-mail:
Ph. #: Fax #:

