

APPLICANT DETAILS

Preferred Title: Mr Mrs Miss Ms Other (tick one)

Surname: _____ First Name(s): _____

Address for correspondence: _____

Email: _____

Telephone: _____ (AH): _____ Mobile: _____

Business Telephone: _____

Preferred method of contact: Telephone Email Mail

Privacy: The *Information Act* (The Act) requires you to supply your name and an address for correspondence. Additional contact details will assist City of Palmerston to deal with your application. Personal information supplied in the course of an application may be used or disclosed in order to deal with the application and any review or complaint arising from the application.

DETAILS OF INITIAL APPLICATION

Reference Number: _____

Type of information sought: _____

Date of application: _____

GROUND(S) OF WAIVER/REDUCTION OF FEE(S)

The Act gives Council discretion to waive or reduce fees in a particular case, having regard to the circumstances of the application and the objects of The Act.

PLEASE TICK THE APPLICABLE BOX(S)

- I am applying for a waiver of the \$30 application fee.
- I am applying for a reduction in the \$30 application fee.
- If you are applying for a reduction, what level or reduction fee do you wish to pay: \$
- I am applying for waiver of processing fees.
- I am applying for a reduction in processing fees.
- If you are applying for a reduction, what level of reduction fee do you wish to pay: \$

Please provide as much information as you can to show that your application is a special case that justifies the Council departing from its usual practice of requiring full payment of application and processing fees. You may provide written documents to support your claim.

City of Palmerston complies with the information Privacy Principles contained in the *Information Act* (NT). These principles protect the privacy of personal information collected and held by Council. Council's privacy statement is available from City of Palmerston, Civic Plaza, 1 Chung Wah Terrace, or via our website on www.palmerston.nt.gov.au.

FINANCIAL HARDSHIPS

If you are in financial hardship and want the Council to take it into account, you may provide evidence of such, eg. pension card, health card, etc.

Any comments you may wish to make about your financial position:

OTHER FACTORS

Please explain why the circumstances of your application justify a waiver or reduction of fees, eg. Disclosure of the information sought would be of significant benefit to the public, failure to get access due to inability to pay the fees would substantially prejudice your individual rights etc.

DECLARATION

I certify that the information supplied to me concerning this application is complete and true to the best of my knowledge.

Signature: _____

Date: _____

ASSISTANCE

If you need help or unable to complete this application form please contact the Department of Governance and Strategy, City of Palmerston, PO Box 1, Palmerston NT 0831, Telephone: (08) 8935 9922, Facsimile: (08) 8935 9900 or via email: palmerston@palmerston.nt.gov.au prior to lodging the application form.

OFFICE USE ONLY

Reference Number: _____

Application Receipt Date: _____

Satisfied as to Identity of Applicant: _____

Yes No

Receiving Officer's Name: *(Please print)* _____

Signature of Receiving Officer: _____

City of Palmerston complies with the information Privacy Principles contained in the *Information Act* (NT). These principles protect the privacy of personal information collected and held by Council. Council's privacy statement is available from City of Palmerston, Civic Plaza, 1 Chung Wah Terrace, or via our website on www.palmerston.nt.gov.au.