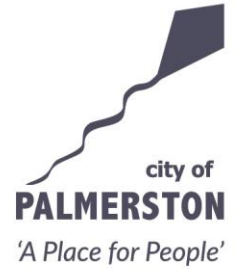


# APPLICATION TO WAIVE OR REDUCE FEES



## Under the Information ACT (NT) 2002

### 1. APPLICANT DETAILS

Preferred Title:  Mr.  Mrs.  Miss  MS  Other (tick One)

Surname: \_\_\_\_\_ First name(s): \_\_\_\_\_

Address for correspondence: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Preferred method of contact:  Telephone  Email  Mail

*Privacy: The Information Act 2002 (NT) (The Act) requires you to supply your name and an address for correspondence. Additional contact details will assist the 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.*

### 2. Details of Initial Application

Reference number: \_\_\_\_\_

Type of information sought: \_\_\_\_\_

Date of application: \_\_\_\_\_

### 3. GROUNDS OF WAIVER/REDUCTION OF FEE(S)

The Act provides City of Palmerston with discretion to waive or reduce fees in a particular case, having regard to the circumstances of the application and the objectives 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: \$



## WAIVE OR REDUCE FEES APPLICATION

### 4. REASON FOR WAIVER/REDUCTION OF FEES

Please provide your reason for the waiver or reduction of fees. If you are in financial hardship and want City of Palmerston to take it into account, you may provide evidence of such, e.g. pension card, health card etc.

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

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### 5. OTHER FACTORS

Please explain why the circumstances of your application justify a waiver or reduction of fees, e.g. 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.

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### 6. ASSISTANCE

If you need help to complete this application form, please contact the Department of Governance and Strategy, City of Palmerston, PO Box 1, Palmerston NT 0831, Phone: (08) 89359922, Facsimile: (08) 8935 9900 or Email: [palmerston@palmerston.nt.gov.au](mailto:palmerston@palmerston.nt.gov.au).

### 7. DECLARATION

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

**Signature:**

**Date:**

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## WAIVE OR REDUCE FEES APPLICATION

### 8. OFFICE USE ONLY

Reference no:

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Application receipt date:

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Satisfied as to identity of applicant:  Yes  No (please tick)

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Receiving officer's name: (print name)

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Signature of receiving officer:

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*City of Palmerston complies with the Information Privacy Principles contained in the Information Act 2002 (NT). These principles protect the privacy of personal information collected and held by City of Palmerston. City of Palmerston's privacy statement is available from City of Palmerston, Civic Plaza, 1 Chung Wah Terrace, or via our website: [www.palmerston.nt.gov.au](http://www.palmerston.nt.gov.au).*