



APPLICATION TO WAIVE OR REDUCE FEES

Under the *Information Act (NT) 2010*

APPLICANT DETAILS

Preferred title: Mr/Mrs/Miss/Ms/Other

Surname: _____ First Name(s): _____

Address for correspondence: _____

Email Address: _____

Contact numbers: A/H _____ Mobile: _____

B/H: _____ Fax: _____

Preferred method of contact: Telephone Facsimile Email Mail

Privacy: The *Information Act* requires you to supply your name and an address for correspondence. Additional contact details will assist Katherine Town Council 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	

Grounds for Waiver / Reduction of Fee(s)

The Act gives the 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(es):

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

Financial Hardship

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 by me concerning this application is complete and true to the best of my knowledge.

SIGNATURE: _____ **Date:** _____

ASSISTANCE

If you need help or are unable to complete this application form please contact the Community Services Executive Manager, Katherine Town Council, PO Box 1071 Katherine NT 0851, Phone: (08) 8972 5500, Facsimile: (08) 8971 0305 or Email: records@ktc.nt.gov.au **prior** to lodging the application form.

Further information about the Information Act can be found at www.ktc.nt.gov.au

OFFICE USE ONLY

Reference No. _____ Application Receipt Date _____

Satisfied as to Identity of Applicant: Yes / No (please circle)

Receiving Officer's Name: (please print) _____

Signature of Receiving Officer: _____