

# Application to waive or reduce fees under the Information Act

*Use this form if you want to apply for a waiver or reduction of fees*

**Section 1 Details of Applicant** \*Please use BLOCK letters and write clearly.

Title     Mr                     Ms                     Mrs                     Other

Surname \_\_\_\_\_ Given name/s \_\_\_\_\_

Name of organisation (if applicable) \_\_\_\_\_

Postal address \_\_\_\_\_

Telephone no. \_\_\_\_\_ Business hours \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

**Section 2 Fee you want waived or reduced**

Application Fee (\$30)

Processing Fee

To make a decision, we must have regard to the circumstances of the Application (including financial hardship of the applicant) and the objects of the Act. You should provide as much information as you can to show that your Application is a special case that justifies Council departing from its usual practice of requiring full payment of Application and processing fees.

**Section 3 Financial circumstances**

Is your financial position one of the reasons you are applying for reduction or waiver? (please circle)    YES    NO

If YES, you should explain and give evidence of your financial position. For example, if you hold a pension card, or qualify for some other social security benefit, you may want to provide proof of that, eg, a photocopy of the card. (Attach another sheet of paper with more details if necessary.)

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**Section 4 Other circumstances that justify waiver or reduction**

If there are other circumstances which support your application for reduction or waiver, please give details below. (Attach another sheet of paper with more details if necessary.)

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This application form can be lodged in person, email (council@litchfield.nt.gov.au), fax (08) 8983 1165, or by mail: Information Officer, Litchfield Council, PO Box 446 Humpty Doo, NT, 0836.

**Section 5 Signature**

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_