

**Application to waive or reduce fees**

Use this form if you want to apply for a reduction or waiver of fees. Lodge the completed form with the organisation to which you made your access Application.

**Your name and contact details:**  
 Title (please circle): Ms / Mrs / Miss / Mr / Dr / \_\_\_\_\_ Postal Address: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Family Name: \_\_\_\_\_  
 Phone: (B/H) \_\_\_\_\_ (A/H) \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Details of your access Application:**  
 Name the Organisation where you lodged your Application: \_\_\_\_\_  
 Date of Application: \_\_\_\_\_  
 Reference number provided by organisation (if any): \_\_\_\_\_

**Fee you want waived or reduced** (tick applicable box/boxes)  
 Application fee - \$30  
 Processing fee

To make a decision, the organisation 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 the organisation departing from its usual practice of requiring full payment of Application and processing fees.

**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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