

## Application to Waive or Reduce Fees

### Under the *Information Act* (NT)

In order to process your application the Department of Housing and Community Development will need to sight your personal identification (See Note 1 overleaf). For information on where to lodge this application form see Note 2.

#### APPLICANT DETAILS

Name: Mr/Mrs/Miss/Ms/Other

Surname: \_\_\_\_\_ Telephone A/H: \_\_\_\_\_

Given Names: \_\_\_\_\_ B/H: \_\_\_\_\_

Address \_\_\_\_\_ Mobile: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ E-mail address: \_\_\_\_\_

Please circle preferred method of contact

Phone      Mail      Email      Fax

#### Details of Initial Application

Request Number: \_\_\_\_\_

Type of Information Sought: \_\_\_\_\_

Date of Application: \_\_\_\_\_

#### Grounds for Waiver / Reduction of Fee(s)

The Act gives organisation 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 in the application fee, 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 in the processing fee, 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 organisation from departing from its usual practice of requiring full payment of application and processing fees. You must provide written documents to support your claim.*

## Financial Hardship

If you are in financial hardship and want the organisation to take this into account, please provide evidence of such, e.g. *Pension card, healthcare card, bank statement or Centrelink assessment etc.*

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

## Other factors

Please explain why the circumstance of your application justifies a waiver or reduction of fees.

## DECLARATION

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



Signature:

Date:     /     /

*Privacy: The Department of Housing and Community Development is collecting the personal information supplied in this application for the purposes of responding to your request and would only share this information with other agencies if charges are relevant to that agency or where disclosure is required by law. The collection of this information is required under the Information Act. The application may be delayed if you do not provide the information in full. You are able to access the information in this form at any time by contacting the Information Access Unit on 8999 8490 or [Infoact.dhcd@nt.gov.au](mailto:Infoact.dhcd@nt.gov.au)*

If you require assistance with completing this application please contact the Information Access Unit by:

Phone: (08) 8999 8490     Fax: (08) 8942 6806  
Or email [Infoact.dhcd@nt.gov.au](mailto:Infoact.dhcd@nt.gov.au)

### OFFICE USE ONLY:

Request No: .....

Date Application Received: .....

Satisfied as to Identity of Applicant:

Yes / No (Please circle)

Receiving Officer's Name: .....

Signature of Receiving Officer: .....