



APPLICATION TO WAIVE OR REDUCE FEES

Details of Applicant

Surname: _____	First Name(s): _____
Preferred Title: Mr / Dr / Mrs / Ms / Miss (<i>please circle</i>)	Other: _____
Name of organisation you are applying on behalf of: _____	
Address for Correspondence: _____	
Email Address: _____	
Contact Numbers: A/H: _____	Mobile: _____
B/H: _____	Fax: _____
Preferred Method of Contact: <i>please tick box(es)</i>	
<input type="checkbox"/> Telephone	<input type="checkbox"/> Mail
<input type="checkbox"/> Facsimile	<input type="checkbox"/> Email
Privacy: The <i>Information Act</i> (the Act) requires you to supply your name and an address for correspondence. Additional contact details will assist the organisation 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

Organisation you Applied to:	_____
Reference Number:	_____
Type of Information Sought:	_____
Date of Application:	_____

Grounds for Waiver / Reduction of Fee(s)

The Act gives an organisation a 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):	
<input type="checkbox"/>	I am applying for a waiver of the \$30 application fee.
<input type="checkbox"/>	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: \$ _____	
<input type="checkbox"/>	I am applying for a waiver of processing fees.
<input type="checkbox"/>	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: \$ _____	
<i>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 may provide written documents to support your claim.</i>	

Financial Hardship

The organisation can take into account impecuniosity or indigence of an applicant. If you are in financial hardship and want the organisation to take it into account, you may provide evidence of such, eg. <i>pension card, health card, etc.</i>
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.

Assistance

If you need help, or are unable to complete this application form please contact the Information Manager of the relevant organisation prior to lodging the application form via the Government Switchboard on 8999 5511.

Declaration

I certify that all the information supplied by me concerning this application is complete and accurate. If any information may be considered to be untrue or misleading in any respect, I understand that the Department/organisation may take such action as it believes necessary, including the disclosure of the information to any person or body the Department/organisation considers has a legitimate interest in receiving it and I consent to such disclosure. I accept that the information provided by me in this application may also be disclosed to other persons and/or bodies where such disclosure is required by law.

SIGNATURE 

_____ Date: _____

Office Use Only:

Associated Reference No.
Date Application Received:
Receiving Officer's Name:
Signature of Receiving Officer: