



Northern Territory Government

Department of Planning and Infrastructure

REQUEST 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 person you are applying on behalf of: _____			
Address for Correspondence: _____			
Email Address: _____			
Contact Numbers:	B/H: _____	A/H: _____	
	Fax: _____	Mobile: _____	
<i>(Please indicate preferred method of contact)</i>			
Privacy: Personal Information collected on this form is done in so in accordance with the Privacy Legislation contained in the Information Act. For more information regarding how the Department of Planning & Infrastructure handles personal information please view our Privacy Statement located at http://www.dpi.nt.gov.au/copyright/privacy.html			

Grounds for Waiver / Reduction of Fee(s)

Under section 156(6) a public sector organisation may waive or reduce a fee payable if, given the circumstances of the applicant, the organisation considers a waiver or reduction appropriate. In assessing this application the organisation will have regard to the circumstances of the applicant including financial hardship 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.
- I am applying for a waiver of processing fees.
- I am applying for a reduction in processing fees.

Information in Support of Application

(Please provide as much detail as you can to support your request. Attach additional information if required)

Any comments you may wish to make to support your request:

Identification

Under Section 18 of the Act the Public Sector Organisation must be satisfied as to your identity before it accepts your application. The Department of Planning and Infrastructure will accept the following forms of identification; Drivers Licence, Passport or some other card or document that identifies who you are. A copy of your ID will be kept on file for three months after the file is closed.

If you are lodging your application by post, facsimile or e-mail an authenticated copy of your identification must be supplied either by a Commissioner of Oaths, member of the Police Force, Registered Nurse, or a person who has known you for five years or more. You will be contacted if more information is required by the organisation to satisfy itself as to your identity.

Declaration

I (*Requestor's Full Name*) _____ certify that all the information supplied in this application is complete and correct. 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.

Declaration at _____ on _____ day of _____, _____
(Location) (Day) (Month) (Year)

SIGNATURE 

_____ Date: _____

Notes: (Section 146)

1. A person providing false or misleading information or statements to a public sector organisation or the Commissioner is liable to a penalty of \$22,000 or 12 months imprisonment.
2. A person knowingly making a false or misleading statement or a material omission in a statement for the purpose of gaining access to another's personal information or another persons business, professional, commercial or financial affairs is liable to a penalty of \$11,000 or 6 months imprisonment.

Office Use Only:

Associated Reference No.: _____

Date request Received: _____

Receiving Officer's Name: (please print) _____

Signature of Receiving Officer: _____