



APPLICATION TO WAIVE OR REDUCE FEES

The *Information Act* gives Treasury discretion to waive or reduce fees in a particular case, having regard to the circumstances of the application or the complainant, eg. financial hardship and the objects of the Act.

DETAILS OF APPLICANT *Please complete BOTH PAGES of this form. Please use BLOCK letters and write clearly.

Surname: _____		First Name(s): _____	
Preferred Title: Dr / Mr / Mrs / Ms / Miss (please circle)		Other: _____	
Name of Organisation: (if applicable) _____			
Postal Address: _____ _____			
Email Address: _____			
Contact Numbers: A/H: _____		Mobile: _____	
B/H: _____		Fax: _____	
Preferred Method of Contact:			
<input type="checkbox"/> Telephone		<input type="checkbox"/> Mail	
<input type="checkbox"/> Facsimile		<input type="checkbox"/> Email	
Privacy: The <i>Information Act</i> requires you to supply your name and an address for correspondence. Additional contact details will assist Treasury in processing your application. Personal information supplied in the course of an application may be used or disclosed in order to process the application and any review or complaint arising from the application.			

DETAILS OF INITIAL APPLICATION *Sufficient detail must be provided to identify the initial application.

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

DETAILS OF THIS APPLICATION *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 amount can you 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 amount can you pay:	\$ _____

GROUND(S) FOR WAIVER / REDUCTION OF FEE(S)

Please provide as much information as you can to show that your application is a special case that justifies a waiver or reduction of application and processing fees. You may attach further documents to support your claim.

FINANCIAL HARDSHIP

If you are experiencing financial hardship, you may provide evidence and/or an explanation of your current financial situation and why a waiver or reduction of fees is requested:

OTHER FACTORS

Please explain why your circumstances, other than your financial situation, justify your request for a waiver or reduction of fees:

ASSISTANCE AND LODGEMENT

This application form can be lodged in person, via Email: foi.ntt@nt.gov.au, Facsimile: (08) 8999 6150, or by mail: Information Officer, Northern Territory Treasury, GPO Box 1974, DARWIN NT 0801. If you need help, or are unable to complete this application form, please contact the Information Officer on telephone (08) 8999 6800.

DECLARATION

I certify that all the information supplied by me concerning this application is complete and accurate. 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, or where Treasury considers these other persons/bodies to have a legitimate interest in receiving it, and I consent to such disclosure.

APPLICANT'S SIGNATURE _____ Date: _____

Office Use Only	
Associated Reference No:	_____
Date Request for Waiver received:	_____
Receiving Officer's Name:	_____
Signature of Receiving Officer:	_____