## **Application to Waive or Reduce Fees**

## Under the Information Act 2002 (NT)

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

Fields marked with an asterisk (\*) are required.

Fields marked with a caret (^) are for office use only.

## **Applicant details**

Title* (Mr/Mrs/Miss/Ms/Other)							
Surnam	e*			Given names*			
Telepho	one A/H*			Telephone B/H*			
Fax*				Email address*			
Address	*						
Preferred contact method* (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 the department 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):*							
		am applying for a waiver of the \$30 application fee (applicable to government information equests only)					
	l am apply requests	oplying for a reduction in the \$30 application fee (applicable to government information ts only)					
	I am applying for a waiver of processing fees						



	l am appl	ying for a reduction in processing fees						
Please provide as much information as you can to show that your application is a special case that justifies the department departing from the Information Regulations 2003 requiring payment of application and processing fees. You must also provide documents to support your claim.								
Financial Hardship								
(Please provide sufficient details for the information you are requesting to correct so that the department will be able to identify the information – e.g. dates, location, subject matter etc. If insufficient space, please attach a separate sheet of paper). *								
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.								
Signatu	re*	Date*						
Privacy: The Department of Territory Families, Housing and Communities collects the personal information supplied in this application for the purposes of responding to your request and would only share this information in necessary with a relevant agency or if disclosure is required by law. The collection of this information is required under the Information Act 2002. The processing of the application may be delayed if you do not provide all required information in full. You have a right to access and correct the information held about you. If you have any queries or concerns please contact the Department of Corporate and Digital Development (DCDD) Freedom of Information unit on (08) 8935 7642, email FOI@nt.gov.au or write to GPO Box 2391, Darwin, NT 0801.								