



APPLICATION FOR WAIVER OR REDUCTION OF FEES

Applicant details

Title: (Mr, Mrs, Ms, Miss, etc) First name: Surname:

Postal address: Postcode :

Telephone: (Home) (Business) (Mobile)

Email address: Fax:

Preferred method of contact

Email Fax Mail Phone no.

Initial application

Request no.: Date of application:

Grounds for waiver or reduction of fees

Under section 156(6) of the Information Act (the "Act"), the Department of Health and Community Services (DHCS) may waive or reduce a fee payable by an applicant to access government information, having regard to the circumstances of the application and the objects of the Act, including financial hardship. (Note that an application fee does not apply to a request for your own personal information.)

Please tick the appropriate box(es)

- I am applying for a waiver or reduction of the \$30 application fee.
I am applying for a waiver or reduction of processing fees.

If you are applying for a reduction, what level of reduced fee do you wish to pay: \$

Information in support of your application

(Please provide as much detail as you can to support your application, including copies of written documents.)

Financial hardship:

Multiple horizontal lines for providing details on financial hardship.

Other factors:

Multiple horizontal lines for providing details on other factors.

Applicant's signature

Date/...../.....

Lodgement of application form

Send the completed form to:

Information Privacy Unit
Corporate Records Management Branch
Department of Health and Community Services
PO Box 40596
CASUARINA NT 0811

Or hand deliver it to: Ground floor
Health House
87 Mitchell St
Darwin

Hours: 8.30 – 4.00 Monday to Friday

Phone: (08) 8999 2902

Privacy statement

The *Information Act* requires you to provide your name and address for correspondence with your application. The additional information about how to contact you is sought to assist the Department to respond to your request promptly, should we need to ask you for more information. The personal information provided in your application will be used to process your request and may be provided to relevant areas of the Department where this is necessary. You are able to request access to your personal information contained in the records created. If you wish to do this, please contact the Information Coordinator.

Office use only

Waiver granted	Yes / No	(please circle)
Reduction granted	Yes / No	(please circle)
Amount reduced by:	\$.....	Outstanding amount: \$.....

..... Name (PRINT) Signature Date
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Cost code	70 1057 166 311
Date application received	_____
Receipt number	_____
Receiving officer's name (PRINT)	_____
Request number	_____