

## APPLICATION FOR FEE REDUCTION

This form is only for use in applications for reduction or waiver of Council fees and charges, imposed for use of the Dunmore Recycling and Waste Disposal Depot.

### 1. Applicant/Organisation:

Name of Applicant: \_\_\_\_\_

Position: \_\_\_\_\_

Name of Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

### 2. Type of Reduction/Waiver Requested

Indicate here if the application is for ongoing exemption from, or reduction in tipping fees  
– Please sign at Section 5.

Indicate here if the application is for disaster waste material tipping fee exemption  
– Please sign at Section 6.

Amount requested: \$ \_\_\_\_\_

Type of waste to be disposed of: \_\_\_\_\_

Total estimated quantity of waste to be disposed of: \_\_\_\_\_

Origin of waste to be disposed of: \_\_\_\_\_

#### PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE

The information on this form is being collected by Shellharbour City Council for the purpose of your application for tip fee reduction. Your personal information will be used by Council staff for the purpose of determining your request. This completed form will be stored in Council's electronic records management system. You may apply to Council to access and correct this information. Please see Council's [Privacy Management Plan](#) or contact Council's Privacy Officer on 4221 6111 for more information.

**3. Information Regarding the Organisation**

What services or activities does your organisation provide to Shellharbour Residents?

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**4. Additional Information**

Any additional information which you consider necessary.

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**5. Declaration of Non-Profit Organisation / Registered Charity**

I \_\_\_\_\_ declare the \_\_\_\_\_ is a  
(Office Bearer) (Organisation)

Non-profit organisation / registered charity for the purposes of the Australian Taxation Office.

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Registration Number)

President / Chairperson Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**6. Declaration for Disaster Waste**

I declare the waste originates from the Shellharbour Local Government Area.

\_\_\_\_\_  
(Signed)

Date: \_\_\_\_\_