

2022/2023 Application for a Waiver or Reduction of Fees and Charges



PART A: HOW TO COMPLETE AND SUBMIT THIS FORM

You can use this form to apply for a reduction or waiver of fees and charges.

- It is essential you read through the eligibility terms and conditions (PART F) before you complete the form. You are not required to submit this form where reduced fees identified in the fees and charges schedule apply.
- Make sure you complete all sections in clear print and/or type directly into the form.
- Please tick YES or NO where required. If you are using the form electronically, double click the check box and select 'checked'.
- Applications are to be lodged prior to the date of an event or activity (at least 2 weeks prior where possible).
In Person - At the Customer Service Team located on the ground floor of 12 Stewart Avenue, Newcastle West. Operating times from 8.00am to 5.00pm, Monday to Friday.
Mail - Postal address Chief Executive Officer, City of Newcastle, PO Box 489 Newcastle 2300.
E-mail: mail@ncc.nsw.gov.au
- It is your responsibility to ensure the form is lodged prior to the date of your event or activity. Applications received after an event or activity will not be accepted.
- Please ensure all 3 pages are submitted. An incomplete and/or unsigned application will not be accepted.

For further information please contact on 02 4974 2000.

PART B: APPLICANT DETAILS

Organisation Name	
ABN	
Contact Name	
Contact Position	
Postal Address	
Phone / Mobile	
Email Address	

PART C: APPLICATION CATEGORY

Under which category will you be applying?

Financial Hardship

Please include the following with your application:

- Reasonable proof of financial hardship which may include details of assets, income and living expenses, and such other information required to make a valid assessment.

Charity

Please include the following with your application:

- Certificate of Charity Status
- Authority to Fundraise (if applicable to your application)
- Proof of Donation or Benefit Value (if applicable to your application).

Illness or Death

Please include the following with your application:

- Medical certificate or
- Statutory declaration

Large Commercial Waste Operators

PART D: DETAILS OF EVENT OR ACTIVITY

Please provide a clear outline of the proposed event / activity or situation below (or attach). This should include the time, date, location, objectives, purpose and delivery (of the activity or situation) in relation to the eligibility category / criteria (refer to PART F).

PART E: SIGNATURE

I, the applicant, acknowledge that:

- I have read and understood this form and the eligibility terms and conditions,
- I acknowledge that all information provided on this form is true and accurate,
- Once I have been notified of CN's decision, I agree to pay all applicable fees and charges. (Payment is due within 14 days of date of invoice.)

Print Name:

Sign:

Date:

Protecting Your Privacy

CN is committed to protecting your privacy. We take reasonable steps to comply with relevant legislation and CN's Privacy Management Plan.

Purpose of collection: To enable CN as the consent authority to assess your proposal.

Intended recipients: CN staff and other government agencies that may be required to assess the proposal.

Supply: The information is a statutory requirement related to the assessment of the application.

Consequence of non-provision: Your application may not be accepted or processed due to a lack of information.

Storage and Security: City of Newcastle, 12 Stewart Avenue, Newcastle West 2302, will store details of the application. Individuals can access the details of the application under the Government Information (Public Access) Act 2009.

Access: Your information can be checked for accuracy by calling (02) 4974 2000.

PART F: ELIGIBILITY TERMS AND CONDITIONS

You must meet at least one of the following categories and criteria to be eligible to submit this application.

Category	Criteria
Financial Hardship	CN may reduce or waive fees in cases where the applicant provides evidence that the payment of the fee will impose significant financial hardship. In determining eligibility on the basis of significant hardship, CN will: <ol style="list-style-type: none"> 1. Apply the criteria used by the Department of Human Services (Centrelink) and, 2. Require the applicant to provide reasonable proof of financial hardship which may include details of assets, income and living expenses, and such other information required to make a valid assessment.
Registered Charity	CN may reduce or waive fees where the applicant is a registered charity and the fee is for a service that will enable the provision of charitable services to CN's community.
Illness or Death (library overdue charges and pool season passes/tickets only)	CN may reduce or waive fees in cases where the applicant provides evidence that the charge was incurred because of; <ol style="list-style-type: none"> 1. Serious illness of a customer or the customer's immediate family member; 2. Serious accident involving the customer or the customer's immediate family member; 3. Death of a customer or the customer's immediate family member; and in determining eligibility on the basis of illness or death, CN will require the customer to present: <ol style="list-style-type: none"> 1. Medical certificate; or 2. Statutory declaration.
Large Commercial Waste Operators	CN may reduce fees for Commercial Customers that have committed to dispose (at SWMC) either; <ul style="list-style-type: none"> • >5,000 tonnes per annum of soil classified as General Solid Waste; or • >15,000 tonnes per annum of mixed General Solid Waste

Assessment of Application

CN officers with delegated authority will review the fees and charges applicable to your event or activity (in consultation with your direct contact (if applicable)) and assess requests for the waiver or reduction of fees in accordance with the following principles:

- Compliance with relevant legislation,
- Fairness, consistency and equity,
- Transparency.

Fees and Charges

All applicants are invoiced as per CN's current fees and charges schedule which is reviewed annually. Fees and charges are put on public exhibition to receive community feedback each year prior to CN approval.

CN is unable to waive or further reduce fees which are a cost to CN.

Bonds (where applicable) will not be reduced or waived.

Applicants who have received funding or sponsorship from CN are not able to also apply for a fee waiver or reduction.

Please refer to our website for further information on fees and charges

<https://newcastle.nsw.gov.au/council/our-responsibilities/integrated-planning-and-reporting/fees-and-charges>

CN USE ONLY

AUTHORISED OFFICER TO COMPLETE

I have undertaken an initial assessment of the relevant documentation which has been determined to be complete and in order.

- YES** - Please sign and date form
- NO** - Please provide reason below

Reason	
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Please provide your name, signature, and the date on which the assessment was undertaken.

Authorised Officer: _____ **Signature:** _____ **Date:** _____

RECOMMENDATION MADE BY AUTHORISED COORDINATOR

I do not have a pecuniary or significant non-pecuniary conflict of interest

- YES** - Please provide reason and advise manager

Reason	
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- NO** - Please answer next question

I have reviewed the officer's assessment and my recommendation is

- YES** - Approved, please sign and date form below
- NO** - Not approved, please provide reason and sign and date form below

Reason	
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Please provide your name, signature, and the date on which the assessment was undertaken.

Authorised Coordinator: _____ **Signature:** _____ **Date:** _____

RECOMMENDATION MADE BY SERVICE UNIT MANAGER

I do not have a pecuniary or significant non-pecuniary conflict of interest

- YES** - Please provide reason and advise director

Reason	
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- NO** - Please answer next question

I have reviewed the coordinators assessment and my recommendation is

- YES** - Approved, please sign and date form below
- NO** - Not approved, please provide reason and sign and date form below

Reason	
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Please provide your name, signature, and the date on which the assessment was undertaken.

Service Unit Manager: _____ **Signature:** _____ **Date:** _____