



# In-kind support / request for exemption from payment of fee

FIN/130

Request details (please circle applicable)	Incoming Record No:
<ul style="list-style-type: none"> <li>• Event Fees</li> <li>• Temporary Food Permit Fee</li> <li>• Banner Fee</li> </ul>	<ul style="list-style-type: none"> <li>• Fees and Charges Other (please list):</li> </ul>
<b>Applicant Name:</b>	
<b>Organisation:</b>	
<b>Postal Address:</b>	
<b>Applicants Phone Number &amp; Fax Number:</b>	/
<b>Type of Activity / Event:</b>	
<b>Location of Activity / Event:</b>	
<b>Date of Event:</b>	
<b>Type of Organisation (please circle applicable):</b>	
<ul style="list-style-type: none"> <li>• Community group / charity / non-profit organisation (unincorporated)</li> <li>• Non-profit community service organisation</li> <li>• Other:</li> </ul>	
<b>Will the activity / event result in any personal gain or reward either directly or indirectly to the applicant?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are all workers associated with the event / activity working in a voluntary capacity (unpaid)?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Reason for request:</b>	

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY**

Fee exemption request received from: \_\_\_\_\_

Requesting officer / processing officer: \_\_\_\_\_

Invoice Details	Fee / Charge	GST	TOTAL
<b>Total Fee Waived</b>			<b>\$</b>

Notes:

If one request form is being used for more than one occurrence such as waiver of photocopying fees or banner fees for an organisation please ensure you calculate the total amount for the whole period (e.g. "Cinema" Banner fees for Arts Margaret River for Jan, Feb, March & April.  $\$88 \times 4 = \$352.00$ ).

- 1. If the total amount exceeds \$1,000 approval is required by Council and a report will need to be submitted to an Ordinary Council Meeting by the Manager of the appropriate area.

**To be completed by a Business Unit Manager**

\_\_\_\_\_  
Manager's Name

\_\_\_\_\_  
Manager's Signature and Stamp

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**To be completed by an Authorised Officer from the Instrument of Delegation No 12**

Approved

Not Approved

\_\_\_\_\_  
Name of Authorised Officer

\_\_\_\_\_  
Signature and Stamp

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**To be completed by Shire Officer** **Internal Record No:**

- ❖ Scan and Register the signed document to FIN/130
- ❖ Provide the Revenue Department with the an electronic copy of the completed form