

Fee Waiver Request



This form is used to record a fee waiver. The maximum value to be considered is \$1,000. Fee waivers valued at \$100 or over must be recognised in Council's financial statements, those under \$100 must be recorded in the Fee Waiver Register.

For guidance on eligibility of fee waivers, please refer to the principles described in the Fee Waiver Policy.

PERSON / ORGANISATION REQUESTING FEE WAIVER	
Name:	
ABN:	
Address:	Postcode:
Contact person:	
Phone:	Email:

Name of fee:	
Amount of fee:	
Activity to be undertaken:	
Benefit of activity to the Mount Alexander Shire community:	
Location and date of activity: (where applicable)	
Council Staff Referral: (optional)	

COUNCIL USE ONLY:			
Income account	xxxxxx-1001-xxxxx	Expense account	xxxxxx-1001-63150
Documented approval from Coordinator (<\$500) or Manager (>\$500 to <\$1000)	DOC/XX/XXXXX		
Assessing Council Officer: Conflict of Interest (COI) Declaration	<input type="checkbox"/> I have no conflict of interest <input type="checkbox"/> I have a conflict of interest		
If Conflict of Interest, details of the COI			