

Community Group Grants For Council Fees Application Form



Applicant Details

Full Name of Organisation or Group

Contact Name

Address

(include postcode)

Phone Number

Email Address

Legal Status

Number of Members

Information

Council Fee to be waived (i.e. Road Closure, Building Permit)

Council Fee Amount

\$

Number of People Attending Event

Applicants Declaration

We hereby declare that the information supplied in this application is correct.

We also consent to Waitaki District Council collecting, retaining and using the personal contact details of the persons listed in this application. We confirm that we obtained the consent of the persons listed in this application to provide these details and we have the authority to commit the organisation to this application. We acknowledge our right to have access to this information. This consent is given in accordance with the Privacy Act 1993.

Name

Name

Signature

Signature

Position

Position

Date

DD MM YYYY

Date

DD MM YYYY

Please return this form to Waitaki District Council, 20 Thames Street, Oamaru or post/email to:

Carole Hansen
Waitaki District Council
Private Bag 50058
Oamaru

chansen@waitaki.govt.nz

NOTE: Before placing your application please check you have answered all questions, even if they are not applicable (use N/A). If you have any questions, please contact Carole Hansen on 433 0300. Failure to return a completed application may delay the processing of your application.