

COMMUNITY GROUP GRANT FOR COUNCIL FEES APPLICATION FORM 2020/21



Please make your application legible

Applicant's Details

Full name of organisation or group	
Contact Name	
Address	
Telephone number (s)	
Email address	
Legal Status ie not for profit, incorporated society	
Number of members in organisation	
Number of People Involved ie attending event	
Council Fee to be waived ie Road Closure, Building Permit	
Council Fee Amount	

YOUR DECLARATION (2 signatures required)

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 held: _____

Position held: _____

Date: _____

Date: _____

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.

SEND TO: Carole Hansen chansen@waitaki.govt.nz Waitaki District Council, Private Bag 50058, Oamaru