

## Application for Charitable Organisation Landfill Fee Waiver

### – Attachment A

Organisation's name	
Organisation's ABN / ACN	
Organisation's postal address	
Is your organisation a registered Charity or ACT Government Entity	<p style="text-align: center;"><b>Yes</b> You may be eligible for an exemption</p> <p style="text-align: center;"><b>No</b> You may not be eligible for an exemption</p>
Your email address	
Your position in organisation	
Your contact number	

### 1. Eligibility Criteria

- a) What resource recovery services does your organisation provide in the ACT? (For example, running a charity bin, op shop or second-hand shop).

- b) Does your organisation receive funding to provide these resource recovery services from the Commonwealth Government, ACT Government, a local government or a state government, including grants or contract payments? If so, provide details.

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Which of the following structures is listed against your organisation on the Australian Business Register? (Please tick)

- |  |   |
|--|---|
| <input type="checkbox"/> Charitable Fund               | <input type="checkbox"/> Health promotion charity               |
| <input type="checkbox"/> Charitable Institution        | <input type="checkbox"/> Public benevolent institution/employer |
| <input type="checkbox"/> Public Benevolent Institution | <input type="checkbox"/> None of these                          |

- c) Does your organisation operate public drop-off points in the ACT where people donate items, such as charity bins or shops receiving items from the public? If so, provide details.

- d) Does your organisation receive illegally dumped material at its public drop-off points? (Please answer YES or NO – if YES, provide details).

## 2. Other Information

No other information is required, but you may include further information if you would like to do so. If so, please attach it to this form and **list attachments below**.

## 3. Declaration

I declare that the contents of this application are true and correct and that all relevant information is covered in this application form and its attachments. I and the organisation agree that if granted a fee waiver, the organisation will abide by all conditions, conditions may be imposed at the time at which the fee waiver is granted or subsequently and a breach of a condition may lead to the termination of a fee waiver.

Your signature:

Date: