

Application for Charitable Organisation Landfill Fee Waiver

– Attachment A

Organisation's name	
Organisation's ABN / ACN	
Organisation's postal address	
Your name	
Your position in organisation	
Your contact number	
Your email address	

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 | |

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: _____