

## FEE WAIVER/IN-KIND SUPPORT APPLICATION FORM



- Please ensure you read Council's [Fee Waiver \(Community Groups\) Policy](#) before completing this form.
- The majority of fee waiver requests for hall hire can be facilitated through the [Facilities Hire Form](#). If not, please complete this form.

Hirer Details									
Name of Hirer or Organisation									
Contact Name									
Postal Address									
Phone Number					Email Address				

  

Facility Details									
Town Hall	<input type="checkbox"/> Coonalpyn <i>(53 – 55 Poyntz Terrace, Coonalpyn)</i>			<input type="checkbox"/> Moorlands <i>(Mallee Highway, Moorlands)</i>			<input type="checkbox"/> Tintinara <i>(49 - 51 Becker Terrace, Tintinara)</i>		
	<input type="checkbox"/> Tailem Bend Town Hall <i>(95 Railway Terrace, Tailem Bend)</i>			<input type="checkbox"/> Tailem Bend Function Centre <i>(Murray Street, Tailem Bend)</i>					
Council Office	<input type="checkbox"/> Civic Centre <i>(95 – 101 Railway Terrace, Tailem Bend)</i>			<input type="checkbox"/> Meningie Information Hub <i>(49 Princes Highway, Meningie)</i>			<input type="checkbox"/> Tintinara Customer Service Centre <i>(37 Becker Terrace, Tintinara)</i>		
	<i>Details: (ie. meeting room)</i>								
Other Facility	<i>Please insert details:</i>								
Date of Hire	DD	MM	YYYY	to	DD	MM	YYYY	inclusive	
Occurrence	<input type="checkbox"/> One-off <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly								
Purpose of Hire							Approximate Attendees		
Does the hire/event entail the sale of food?	<input type="checkbox"/> Yes → please submit a <a href="#">Temporary Food Business Notification</a> form <input type="checkbox"/> No								
Insurance Requirements	The Hirer shall effect and maintain, at their cost, a public liability insurance policy to a minimum of twenty (20) million dollars (\$20,000,000) per claim, or such higher amount as Council may determine appropriate from time to time. Proof of currency shall be submitted to Council with the hire application.								

## Classification

Why do you feel that you/your organisation should be considered for a fee waiver?

Having read the Community Group Classification Flowchart (Appendix 1) of [this policy](#), I represent the following type of organisation:

## Declaration

I, \_\_\_\_\_ confirm that all the information contained within the application form is true and correct.

Signature		Date	
Position			

## Submission



Email to:  
council@coorong.sa.gov.au



Post to:  
PO Box 399  
TAILEM BEND SA 5260



In person:  
At your nearest  
Council office

Office Use Only				
Customer Service to complete				
Name			Position	
Content Manager reference	AR _____			
Assessing Officer				
Name			Position	
Recommendation	<input type="checkbox"/> Approve <input type="checkbox"/> Decline			
Total fees waived	\$		Comments	
<b>Authorisation</b> <i>(as sub-delegated to Chief Executive Officer, Director Community &amp; Corporate and Director Roads &amp; Infrastructure under section 188(3) of the Local Government Act 1999 [\$500 limit])</i>				
Recommendation above accepted	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If declined, outline reason				
Name			Position	
Signature			Date	
Executive Assistant (of relevant department) to complete				
<input type="checkbox"/> Applicant notified of outcome <input type="checkbox"/> Entire form captured in Content Manager				