



1. Applicant details

1a. Name of organisation

1b. Postal address (include postcode)

1c. Street address

1d. Name of contact person

1e. Contact details

Phone Mobile Fax

1f. Email

1g. Preferred means for formal correspondence Mail Email Fax

1h. Address of the property for which a development contribution remission is sought

2. Remission details

2a. Name of organisation

2b. Postal address (include postcode)

2c. Name of contact person

3. Organisation details

3a.  School or educational establishment  Charitable trust  
 Other, please specify:

3b. Please provide the name and contact details of two people in your organisation who could provide further information if required by the Council.

i. Name

Contact details

Phone Mobile Fax

ii. Name

Contact details

Phone Mobile Fax

3c. How many members does your organisation serve?

i. Active

ii. Other

iii. Age range

Please turn over

OFFICE USE ONLY

Date received	<input type="text"/>	Property ID	<input type="text"/>	Application #	<input type="text"/>
Time received	<input type="text"/>	Document #	<input type="text"/>	Receipt #	<input type="text"/>
Received by	<input type="text"/>	Land ID	<input type="text"/>	Amount paid	\$ <input type="text"/>

#### 4. Objectives

4a. What are the objectives of your organisation?

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#### 5. Additional information

5a. Is your property used by other community groups? Yes No

5b. If yes, which group(s)?

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5c. Please provide evidence that your organisation is

- A registered charity in accordance with the Charities Act 2005, or
- Has met the requirements of New Zealand Inland Revenue for charitable status, or
- Meets the criteria for educational establishments as laid out in the implementation criteria for remissions.

Please also attach any relevant supporting documentation.

5d. List below any additional information that you feel may assist with your application.

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#### 6. Applicant's declaration

##### PRIVACY STATEMENT

Information on this form is to be provided under the Local Government Act 2002 and is required to process your application. This information, including your personal information, has to be made available to the members of the public and media, including business organisations, upon request. In appropriate circumstances, it may also be made available to other units of the Council, the Council's approved contractors and other government agencies. Under the Privacy Act 2020, you have the right to access the personal information held about you by the Council and you can also request that the Council corrects any personal information it holds about you.

I confirm that I have read and understood the privacy statement above and that the information provided in the application form is true and correct. I also understand that the Council will send all invoices and refunds for fees to me (the applicant) and I will be responsible for, and indemnify the Council in respect of, the payment of all fees in connection with this application. I further understand that all correspondence related to the application will be sent to me.

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Signature

Date

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First name(s)

Surname

Designation