



**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"/>

