APPLICATION FOR IMPOUND AND SUSTENANCE FEE WAIVER / REDUCTION



Please complete all details in full and provide all requested documents.

Privacy Statement

Maranoa Regional Council is collecting your personal information in accordance with the *Local Government Act 2009* for the purpose of assessing your request for a waiver or reduction of animal impound and/or sustenance fees. The information will only be accessed by authorised Council employees and will not be disclosed to any third party unless required or authorised by law.

Maranoa Regional Council ABN: 99 324 089 164

Correspondence: PO Box 620, Roma QLD 4455

Phone: 1300 007 662 Fax: 4624 6990

Email: council@maranoa.qld.gov.au

Web: www.maranoa.qld.gov.au

APPLICANT DETAILS						
Name of Applicant/s						
Address						
Town	State		Postcode			
Postal address						
Phone						
Mobile		Email	il			
ANIMAL DETAILS						
Animal Name						
Animal ID / Impound Number (if known)						
Species		□ Dog □ Cat				
Breed (if known)						
Date of Impoundment						
Location Found (if known)						
APPLICATION TYPE						
Please select the type of assistance you are requesting:						
□ Full Waiver of Impound and Sustenance Fees						
□ Partial Reduction of Impound and Sustenance Fees						
DEACON FOR REQUEST (Sale all the	ot anniba)					
REASON FOR REQUEST (tick all that apply)						
☐ Financial hardship – where payment of fees would leave me unable to reasonably meet basic living requirements such as food, housing, clothing or medical care. (Supporting evidence required – e.g. concession card, Centrelink statement, letter from a financial counsellor or support agency)						
Date hardship/circumstances first aros	e:	(mu	st usually be within the last 12 months)			
□ Compassionate or exceptional circumstances (please describe below)						
☐ Managerial discretion – other (please specify below)						
Describe the circumstances for this request: (Attach additional page if needed)						
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SUPPORTING DOCUMENTATION							
	<u>,), </u>						
Please attach copies of the following documents (if applicable):							
□ Centrelink income statement							
□ Letter from support agency or financial counsellor (e.g. National Debt Helpline)							
□ Statutory declaration (if no formal documentation is available)							
☐ Any other relevant supporting material							
CONDITIONS OF APPLICATION							
By submitting this application, you acknowledge and agree to the following conditions:							
Limit of One: Only one fee waiver or reduction will be considered per household per 12-month period, unless otherwise approved by the Manager – Community Safety & Rural Lands Services, or delegate.							
Application Timing: Applications must be submitted within 5 business days of impoundment and before payment is made. Retrospective applications will generally not be considered.							
Sustenance Fee Accumulation: Sustenance fees will continue to accrue while an application is being assessed. Applicants remain responsible for any fees incurred during the assessment period unless a waiver or reduction is approved.							
Supporting Documents: You must provide adequate documentation to support your request. Incomplete applications will not be processed.							
Case-by-Case Decisions: Approval is not guaranteed. Each application is assessed individually, and Council reserves the right to approve or decline any request at its sole discretion.							
Repeat Impoundments: Repeat impoundment of the same animal or animals from the same household may affect eligibility.							
Correct Information: Providing false or misleading information may result in the refusal of this and any future applications.							
Confidentiality: All applications and outcomes will be recorded in Council's confidential register and handled in accordance with privacy and records management obligations.							
DECLARATION OF APPLICANT							
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I declare that the information I have provided is true and correct to the best of my knowledge. I understand that submitting this application does not guarantee that a waiver or reduction will be approved, and that decisions are made on a case-by-case basis at the discretion of Council.							
Signature		Date	1	1			
OFFICE USE ONLY							
Date Received:							
Approval Type	☐ Waiver ☐ Reduction ☐ [Declined					
Notes / Conditions:							
Approved by:	Signature:						
Position:							
Date of Decision:							