

## Request to Waive Fees

---

I hereby request to be excused from paying fees (other than the application fee which is mandatory) that may be required in the processing of this application because:

- Check one:    (a)    I cannot afford to pay fees \_\_\_\_\_ OR  
                  (b)    Specify any other reason

---

---

---

---

---

---

---

### FOR OFFICE USE ONLY

**Date Received:** \_\_\_\_\_ **Application No:** \_\_\_\_\_

**Action Taken:**

---

---

---

---

---

---

---

---

### Collection & Use Disclosure Statement

In accordance with Section 485 of the Municipal Government Act, the personal information collected on this form will only be used and/or disclosed if necessary, for the purpose of processing this Access to Information Application. If you have any questions about the collection and use of this information, please contact Halifax Water's Privacy Administrator at [privacy@halifaxwater.ca](mailto:privacy@halifaxwater.ca)