

Claim for inclusion on the roll of non-resident owners of rateable land or the roll of occupiers and ratepaying lessees for Shoalhaven City Council.

Form for individual owners, occupiers and ratepaying lessees

Instructions: This form must be received by the Chief Executive Officer of Shoalhaven City Council by 6:00pm (EST) Monday 5 August 2024.

By post: PO Box 42, Nowra NSW 2541, Australia

By hand: 36 Bridge Road, Nowra NSW 2541

By email: council@shoalhaven.nsw.gov.au

Do not use this form if you need to nominate an elector. Use 'Form for nomination of an elector by joint/several, corporate or trustee owners, occupiers or ratepaying lessees.'

Note: A person may not be enrolled or vote more than once in a Council area. If you have a claim for enrolment in more than one ward and you are a resident in the area, you may only be enrolled for the ward of which you are a resident. If you are not a resident and have a claim for enrolment in more than one ward, you may specify which ward you wish to be enrolled in by giving written notice to the Council's Chief Executive Officer before 5 August 2024. If no such notice is given, a ward will be chosen for you by the Chief Executive Officer.

Section 1 – Property details

Lot #: _____ DP/SP#: _____ For ratepaying lessees only – Rates assessment number: _____

Suite/Level/Unit/Street Number & Street Name: _____

Town/Suburb: _____ State: _____ Postcode: _____

Council & Ward _____

Section 2 – Claimant's details

Surname: _____ Given name(s): _____

Date of birth: ____/____/____

Residential address _____

Phone number: _____ Email address: _____

Postal address (If different to residential) : _____

I am the (tick one): ☐ Owner ☐ Ratepaying Lessee ☐ Occupier of the property described in Section 1.

For occupiers only – Date our occupancy expires: ____/____/____

For ratepaying lessees only – Date until which we are liable to pay rates: ____/____/____

I am entitled to enrol and claim the inclusion of my name on the roll of non-resident owners of rateable land or the roll of occupiers and ratepaying lessees for Shoalhaven City Council,

in _____ ward (insert ward name, if applicable)

I am already enrolled in this or another ward (if any) of Shoalhaven City Council

(tick one): ☐ Yes ☐ No

Claimant's signature _____ Date ____/____/____

Section 3 – Statement by witness

I am of or above the age of 18 years. I saw the claimant sign this claim, and believe, to the best of my knowledge that the statements in the claim are true.

Witness surname: _____ Witness given name(s): _____

Witness signature: _____ Date ____/____/____

OFFICE USE ONLY

Date received ____/____/____ Received by: _____

Processed date ____/____/____ Processed by: _____

Claim allowed? ☐ Yes ☐ No Elector informed of outcome? ☐ Yes ☐ No Date ____/____/____