

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 nomination of an elector by joint/several, corporate or trustee owners, occupiers or ratepaying lessees

Instructions: This form must be received by the general manager 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 are an individual owner, occupier or ratepaying lessee. Use 'Form for individual owners, occupiers and ratepaying lessees'

Note: A person may not be enrolled or vote more than once in a Council area. A person who is qualified for enrolment in more than one ward may only be enrolled in the ward of which they are a resident. If the person is not a resident, they may specify which ward they 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 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 (if applicable) _____

Section 2 – Details of nominator/s

Identify the joint/several, corporate or trustee owners, occupiers or ratepaying lessees nominating the elector. Include full names of individuals, company names, trusts, ABNs and ACNs as appropriate: *(If more space is required, attach another page)*

We are the (tick one): ☐ Owners ☐ Ratepaying Lessees ☐ Occupiers 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: ____/____/____

Nominator's contact details:

Surname: _____ Given name(s): _____

Date of birth: ____/____/____

Phone number: _____ Email address: _____

Postal address: _____

I nominate _____ as an elector for Shoalhaven City Council,
in _____ ward (insert ward name, if applicable).

I am authorised by the above nominators to make this nomination.

Nominator's signature _____ Date ____/____/____

PLEASE COMPLETE BOTH SIDES OF THIS FORM 

Section 3 - Nominated elector's details

Surname: _____ Given name(s): _____

Date of birth: ____/____/____

Phone number: _____ Email address: _____

Residential Address Street Number & Street Name: _____

Town/Suburb: _____ State: _____ Postcode: _____

Postal address (if different to residential): _____

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 4 – Statement by witness

I am of or above the age of 18 years. I saw the nominated elector 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 ____/____/____