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

Form for individual owners, occupiers and ratepaying lessees

Instructions: This form must be received by the general manager of Gilgandra Shire Council by 6:00pm (EST) Monday 26 July 2021.

By post: PO Box 23, GILGANDRA NSW 2827

By hand: 15 Warren Road, Gilgandra By email: council@gilgandra.nsw.gov.au

Do not use this form if you need to nominate an elector.

Use instead Form for nomination of an elector by joint/several, corporate or trustee owners, occupiers or ratepaying lessees.

Note: A person may not be enrolled more than once for the same ward. A person who is qualified for enrolment in more than one ward in a Council area may only be enrolled in the ward in which the person is qualified as a resident. If the person is not a resident, they may be enrolled in the ward specified in a notice by the person to the Council's general manager before the closing date for the election, or if no such notice is given, a ward chosen by the general manager. Overall a person cannot vote more than once is any Local Government Area.

| Section 1 - Property details |
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| 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 Gilgandra Shire Council. |
| 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: |

| OFFICE USE ONLY | | | |
|-------------------------------|------|------|--|
| Date received/ Received by: | _ | | |
| Processed date/ Processed by: | | | |
| Claim allowed? | □ No | Date | |