Claim for inclusion on the roll of non-resident owners of rateable land or the roll of occupiers and ratepaying lessees for Lithgow 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 Lithgow City Council by 6:00pm (EST) Monday 5 August 2024.

By post: PO Box 19 Lithgow NSW 2790 By hand: 180 Mort Street Lithgow NSW 2790 By email: council@lithgow.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 general manager before 5 August 2024. If no such notice is given, a ward will be chosen by the general manager.

Section 1 - Property details			
Lot #: DP/SP#:	For <u>ratepaying lessees</u> o	nly – Rates assessment n	umber:
Suite/Level/Unit/Street Number & Street Name: _			
Town/Suburb:	S	State: F	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 Ra	atepaying Lessees	Occupiers of the proper	ty described in Section 1.
For occupiers only – Date our occupancy expires:/			
For <u>ratepaying lessees</u> only – Date until which	we are liable to pay rate	s:/	
Nominator's contact details:			
Surname:	Given name(s):		
Date of birth:/			
Phone number:	Email address	s:	
Postal address:			
I nominate		as an elector for Lithgo	w City Council,
in		wa	ard (insert ward name, if applicable).
I am authorised by the above nominators to make	e this nomination.		
Nominator's signature			Date//
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PLEASE COMPLETE BOTH SIDES OF THIS FORM | | |



Section 3 - Nominated elector's details _____ Given name(s): _____ Date of birth: ____/___ Email address: Phone number: ____ 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 Lithgow City Council. _____ ward (insert ward name, if applicable) I am already enrolled in this or another ward (if any) of Lithgow 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 given name(s): _____ Witness surname: Witness signature: _____ Date ___/ ___/ OFFICE USE ONLY Date received ____/____ Received by: _____ Processed date ____/____ Processed by: _____ ☐ No ☐ No Elector informed of outcome? Yes Date / /