

Claim for inclusion on the roll of non-resident owners of rateable land or the roll of occupiers and ratepaying lessees for Wollondilly Shire 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 Chief Executive Officer (CEO) of: Wollondilly Shire Council by 6:00pm (EST) Monday 25 October 2021.

By post: PO Box 21, Picton NSW 2571

By hand: 62-64 Menangle Street, Picton NSW 2571

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

Do not use this form if you are an individual owner, occupier or ratepaying lessee. Use instead Form for individual owners, occupiers and 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 CEO before the closing date for the election, or if no such notice is given, a ward chosen by the CEO. Overall a person cannot vote more than once in any Local Government Area.

Section 1 - Property details			
Lot #: DP/SP#:	For ratepaying lessees <u>only</u> – Rates assessment number:		
Suite/Level/Unit/Street Number & Street Na	me:		
Town/Suburb:	State:Postcode:		
Council & Ward (if applicable)			
Section 2 – Details of nominator/s			
	e owners, occupiers or ratepaying lessees nominating the elector. Include full names of and ACNs as appropriate: (If more space is required, attach another page)		
For occupiers only – Date our occupancy			
For ratepaying lessees only – Date until w	hich 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 Wollondilly Shire Council,		
in	ward (insert ward name, if applicable).		
I am authorised by the above nominators to	make this nomination.		
Nominator's signature	Date / /		

K	

Surname:	Given name(s):			
Date of birth://				
Phone number:	Email address:			
Residential Address Street Number &	Street Name:			
Fown/Suburb:	State:Postcode: _			
Postal address (if different to residen	tial:			
	clusion of my name on the roll of non-resident owners of rateable land of	or the roll	of occ	upiers aı
atepaying lessees for: Wollondilly Sh า	nire Council, ward (insert ward name, if app	licable)		
	er ward (if any) of Wollondilly Shire Council.	,		
tick one):				
Claimant's signature	[	Date	_/	_/
Section 4 – Statement by witr	ess			
am of or above the age of 18 years. tatements in the claim are true.	I saw the nominated elector sign this claim, and believe, to the best of $\boldsymbol{\theta}$	my know	ledge t	hat the
	Witness given name(s):			
viuloss sumamo.	vviuless given name(s).			
Vitness signature:		Date	/	
	OFFICE USE ONLY			
	CITIES SSE CHET			
tata received				
	Received by:			