

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

## Form for individual owners, occupiers and ratepaying lessees

Instructions: This form must be received by the General Manager of Murrumbidgee Council by 6:00pm (EST) Monday 25 October 2021

By post: PO Box 96, Jerilderie NSW 2716 By hand: 35 Jerilderie Street, Jerilderie; 21 Carrington Street, Darlington Point; 39 Brolga Place, Coleambally By email: mail@murrumbidgee.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.

<u>Note</u>: 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				
Lot #: DP/SP#:	For ratepaying lessees <u>only</u> – Rates assessment number:			
Suite/Level/Unit/Street Number & Str	eet Name:			
Town/Suburb:		State:	Postcode:	
Council & Ward				
Section 2 – Claimant's details	5			
Surname:	Given name(s):			
Date of birth://				
Residential address				
Phone number:	Email address:			
Postal address (If different to resider	tial) :			
I am the (tick one): Downer	Ratepaying Lessee	Occupier of the p	roperty described in Section 1.	
For occupiers only - Date our occu	pancy expires:/	_/		
For ratepaying lessees only - Date	e until which we are liable to	pay rates:/	_/	
I am entitled to enrol and claim the ir ratepaying lessees for Murrumbidge		roll of non-resident owr	ers of rateable land or the roll of occupiers and	
in			ward (insert ward name, if applicable)	

PLEASE COMPLETE BOTH SIDES OF THIS FORM

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

(tick one): Yes No

Claimant's signature

## 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:	
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\_\_\_\_\_ Witness given name(s): \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_/\_\_\_/

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//			