

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

By post: Locked Bag 155, Shellharbour City Centre NSW 2529

By hand: 76 Cygnet Avenue Shellharbour City Centre

By email: council@shellharbour.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 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 <u>ratepaying lessees</u> only – Rates assessment number:
Suite/Level/Unit/Street Number & Street Nar	e:
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 e	xpires:/
For ratepaying lessees only – Date until w	nich 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 Shellharbour City Council.
in	ward (insert ward name, if applicable).
I am authorised by the above nominators to	nake this nomination.
Nominator's signature	Date / /



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 Shellharbour City Council _____ ward (insert ward name, if applicable) I am already enrolled in this or another ward (if any) of Shellharbour 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 Claim allowed? Date ____/___/___