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

Form for individual owners, occupiers and ratepaying lessees

Instructions: This form must be received by the Interim CEO of Edward River Council by 6:00pm (EST) Monday 5 August 2024.

By post: PO Box 270, Deniliquin NSW 2710
By hand: 180 Cressy Street Deniliquin NSW 2710
By email: council@edwardrivercouncil.nsw.gov.au

Do not use this form if you need to nominate an elector. Use '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 or vote more than once in a Council area. If you have a claim for enrolment in more than one ward and you are a resident in the area, you may only be enrolled for the ward of which you are a resident. If you are not a resident and have a claim for enrolment in more than one ward, you may specify which ward you wish to be enrolled in by giving written notice to the Council's Interim CEO before 5 August 2024. If no such notice is given, a ward will be chosen for you by the Interim CEO.

| Section 1 - Property details | | |
|---|--|---|
| Lot #: DP/SP#: For rat | epaying lessees <u>only</u> – Rates asse | essment 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 | e liable to pay rates:/ | <u></u> |
| I am entitled to enrol and claim the inclusion of my name ratepaying lessees for: Edward River Council, | e on the roll of non-resident owners | s of rateable land or the roll of occupiers and |
| in | | ward (insert ward name, if applicable |
| I am already enrolled in this or another ward (if any) of | | |
| Yes No | | |
| Claimant's signature | | Date/ |
| Section 3 – Statement by witness | | |
| I am of or above the age of 18 years. I saw the claiman the claim are true. | t sign this claim, and believe, to the | e best of my knowledge that the statements i |
| Witness Surname: | Witness given name(s): | |
| Witness signature | | Date / / |

| OFFICE USE ONLY | | | | | | |
|--------------------|------|------------------------------|------|------|--|--|
| Date received/_ | _/ | Received by: | _ | | | |
| Processed date/ | _/ | Processed by: | _ | | | |
| Claim allowed? Yes | □ No | Elector informed of outcome? | ☐ No | Date | | |