Claim for inclusion on the roll of non-resident owners of rateable land or the roll of occupiers and rate paying lessees for LACHLAN SHIRE COUNCIL

## Form for individual owners, occupiers and rate paying lessees

**Instructions:** This form must be received by the general manager of: LACHLAN SHIRE COUNCIL by 6:00pm (EST) Monday 25 October 2021.

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

By post: PO Box 216, Condobolin NSW 2877

By hand: 58-64 Molong St Condobolin NSW 2877 or 35A Foster St Lake Cargelligo NSW 2672

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 rate paying 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 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 in any Local Government Area.

Section 1	<ul> <li>Property detail</li> </ul>	s			
Lot #:	DP/SP#:		_ For rate paying	lessees only - Rates	assessment number:
Suite/Level/U	nit/Street Number &	Street Name:	:		
Town/Suburb:	<u>-</u>			State:	Postcode:
Council & Wa	rd				
Section 2	– Claimant's det	ails			
Surname:			Given nam	e(s):	
Date of birth:	//	-			
Residential ad	ddress				
Phone number	er:		Ema	ail address:	
Postal addres	s (If different to resid	dential):			
I am the (tick	one): Downer	Rate	paying Lessee	Occupier of the	property described in Section 1.
For occupier	s <u>only</u> – Date our o	ccupancy exp	oires:/	_/	
For rate paying	ng lessees <u>only</u> – [	Date until which	ch we are liable t	o pay rates:/	/
	o enrol and claim the ssees for: LACHLAN			roll of non-resident ow	ners of rateable land or the roll of occupiers and
in					ward (insert ward name, if applicable)
I am already e	enrolled in this or an	other ward (if	any) of		
(tick one):	☐ Yes ☐ No				
Claimant's sig	gnature				/ Date/
Section 3	<ul> <li>Statement by v</li> </ul>	vitness			
I am of or abo	•	ars. I saw the	claimant sign thi	s claim, and believe, to	the best of my knowledge that the statements in
Witness surna	ame:		Witr	ness given name(s):	
Witness signa	ature:				Date //

OFFICE USE ONLY							
Date received/ Received by:	_						
Processed date/ Processed by:							
Claim allowed?	☐ No	Date//					
2 of 2							