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

## Form for individual owners, occupiers and ratepaying lessees

**Instructions:** This form must be received by the general manager of: Muswellbrook Shire Council by 6:00pm (EST) Monday 6 August, 2024.

By post: PO Box 122, Muswellbrook NSW 2333

By hand: Administration Centre, Campbells Corner, 60-82 Bridge Street, Muswellbrook NSW 2333

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

☐ No

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.

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.

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Section 1 - Property details
ot #: DP/SP#: For ratepaying lessees <u>only</u> – Rates assessment number:
uite/Level/Unit/Street Number & Street Name:
own/Suburb: State: Postcode:
ouncil & Ward
Section 2 – Claimant's details
urname: Given name(s):
ate of birth:/
esidential address
none number: Email address:
ostal address (If different to residential) :
am the (tick one): Owner Ratepaying Lessee Occupier of the property described in Section 1.
or occupiers only – Date our occupancy expires://
or ratepaying lessees only – Date until which we are liable to pay rates://
m 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 tepaying lessees for: Muswellbrook Shire Council,
ward (insert ward name, if applicable)
m already enrolled in this or another ward (if any) of Muswellbrook Shire Council
ck one): Yes No
aimant's signature Date/
Section 3 – Statement by witness
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 e claim are true.
itness surname: Witness given name(s):
itness signature: Date/
OFFICE USE ONLY
ate received/ Received by:
ocessed date / / Processed by:

No

Date