

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



Form for individual owners, occupiers and ratepaying lessees

Narrandera
Shire Council

Instructions: This form must be received by the general manager of Narrandera Shire Council by 6:00pm (EST) Monday 5 August 2024.

By post: 141 East Street Narrandera NSW 2700
By hand: 141 East Street Narrandera NSW 2700
By email: council@narrandera.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.

Note: A person cannot vote more than once in any Local Government Area.

Section 1 - Property details

Lot #: _____ DP/SP#: _____ For ratepaying lessees only – Rates assessment number: _____
Suite/Level/Unit/Street Number & Street Name: _____
Town/Suburb: _____ State: _____ Postcode: _____
Council NARRANDERA

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 liable to pay rates: ____/____/____

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 Narrandera Shire Council

in _____

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

(tick one): Yes No

Claimant's signature _____ Date ____/____/____

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: _____ 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?

Yes No Date ____/____/____