

Claim for inclusion on the roll of non-resident owners of rateable land or the roll of occupiers and ratepaying lessees for Bland Shire 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 general manager of Bland Shire Council by 6:00pm (EST) Monday 5 August 2024.

By post: PO Box 21 West Wyalong NSW 2671 By hand: 2-6 Shire Street West Wyalong NSW 2671 By email: council@blandshire.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'

<u>Note</u>: 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 Council's general manager before 5 August 2024. If no such notice is given, a ward will be chosen by the general manager.

| Section 1 - Property details   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| <br>Lot #: DP/SP#: For   | For <u>ratepaying lessees_</u> only – Rates assessment number: |  |  |  |  |  |
| Suite/Level/Unit/Street Number & Street Name:  |  |  |  |  |  |  |
| 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: ( <i>If more space is required, attach another page</i> ) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| We are the (tick one): Owners Ratepaying Lessees Occupiers of the property described in Section 1.   |  |  |  |  |  |  |
| For <u>occupiers</u> only – Date our occupancy expires:  | /  |  |  |  |  |  |
| For <u>ratepaying lessees</u> only – Date until which 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 Bland Shire Council,                         |  |  |  |  |  |
| in   | ward (insert ward name, if applicable).                        |  |  |  |  |  |
| I am authorised by the above nominators to make the  | nis nomination.  |  |  |  |  |  |
| Nominator's signature  | Date//   |  |  |  |  |  |

| Section 3 - Nominated elector's d   | letails   |   |
|---|---|---|
| Surname:  | Given name(s):  |   |
| Date of birth://  |   |   |
| Phone number:   | Email address:  |   |
| Residential Address Street Number & Street                                    | eet Name:   |   |
| Town/Suburb:  | State:  | Postcode:                                 |
| Postal address (if different to residential:                                  |   |   |
| ratepaying lessees for Bland Shire Counc                                      | on of my name on the roll of non-resident owner<br>il,<br>ward (inser |   |
| I am already enrolled in this or another wa                                   | ard (if any) of Bland Shire 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 sat statements in the claim are true. | w the nominated elector sign this claim, and beli                     | eve, to the best of my knowledge that the |
| Witness surname:  | Witness given name(s):  |   |
| Witness signature:  |   | Date/                                     |

| OFFICE USE ONLY |         |                              |          |        |  |  |
|-----------------|---------|------------------------------|----------|--------|--|--|
| Date received/_ | / Rece  | vived by:                    |          |        |  |  |
| Processed date/ | / Proc  | essed by:                    |          |        |  |  |
| Claim allowed?  | ∕es □No | Elector informed of outcome? | Yes 🗌 No | Date// |  |  |