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

## Form for individual owners, occupiers and ratepaying lessees

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

By post: PO Box 57 CAMPBELLTOWN NSW 2560

By hand: Campbelltown Civic Centre 91 Queen Street CAMPBELLTOWN NSW 2560, Monday to Friday, 9:00am to 4:00pm. By email: governance@campbelltown.nsw.gov.au

**0Do 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.'

**Note:** 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 general manager before 5 August 2024. If no such notice is given, a ward will be chosen for you by the general manager.

Section 1 - Property details		
 Lot #: DP/SP#: For <u>rate</u>	paying lessees only – Rates asse	ssment number:
Suite/Level/Unit/Street Number & Street Name:		
Town/Suburb:	State:	Postcode:
Council & Ward		
Section 2 – Claimant's details		
Surname: Give	en name(s):	
Date of birth://		
Residential address		
Phone number:	Email address:	
Postal address (If different to residential) :		
I am the (tick one): Owner Ratepaying Les	ssee 🔲 Occupier of the prop	perty described in Section 1.
For <u>occupiers</u> only – Date our occupancy expires:	_//	
For ratepaying lessees only - Date until which we are I	liable to pay rates://	
I am entitled to enrol and claim the inclusion of my name ratepaying lessees for Campbelltown City Council,	on the roll of non-resident owner	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 Ca	ampbelltown City 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 s the claim are true.	sign this claim, and believe, to the	e best of my knowledge that the statements in
Witness surname:	Witness given name(s):	
Witness signature:		Date / /

OFFICE USE ONLY								
Date received//	Receive	d by:						
Processed date//	Process	sed by:						
Claim allowed? Yes	🗌 No	Elector informed of outcome?	☐ Yes	🗌 No	Date	_/	<u> </u>	