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 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 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

Do not use this form if you are an individual owner, occupier or ratepaying lessee. Use 'Form for individual owners, occupiers and ratepaying lessees'

Note: 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	
Lot #: DP/SP#:	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 occupiers only – Date our occupancy exp	ires:/
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 Campbelltown City Council,
in	ward (insert ward name, if applicable).
I am authorised by the above nominators to ma	ke this nomination.
Nominator's signature	Date/

PLEASE COMPLETE BOTH SIDES OF THIS FORM | | |



## Section 3 - Nominated elector's details \_\_\_\_\_ Given name(s): \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_ Email address: Phone number: \_\_\_\_ Residential Address Street Number & Street Name: \_\_\_\_\_ Town/Suburb: \_\_\_\_ State: Postcode: Postal address (if different to residential: 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 l am entitled to entrol and Gaint the medical ratepaying lessees for Campbelltown City Council, ward (insert ward name, if applicable) I am already enrolled in this or another ward (if any) of Campbelltown City 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 saw the nominated elector sign this claim, and believe, to the best of my knowledge that the statements in the claim are true. \_\_\_\_\_ Witness given name(s): \_\_\_\_\_ Witness surname: Witness signature: \_\_\_\_\_ Date \_\_\_/ \_\_\_/ OFFICE USE ONLY Processed date \_\_\_\_/\_\_\_\_ Processed by: \_\_\_\_\_ ☐ No Elector informed of outcome? Yes Date / /