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

By post: PO Box 20, Wagga Wagga NSW 2650 By hand: Civic Centre, 243 Baylis Street, Wagga Wagga By email: council@wagga.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>ratepay</u>	ing lessees only – Rates ass	essment number:		
Suite/Level/Unit/Street Number & Street Name:				
Town/Suburb:				
Council & Ward (if applicable)				
Osstian O. Dataila af naminataria				
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 n	name(s):			
Date of birth://				
Phone number: E	Email address:			
Postal address:				
I nominate	as an elector	r for Wagga Wagga City Council.		
in		ward (insert ward name, if applicable).		
I am authorised by the above nominators to make this nomin	nation.			
Nominator's signature		Date//		

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Section 5 - Nominated elector's details		
Surname:	Given name(s):	
Date of birth://		
Phone number:	Email address:	
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 r ratepaying lessees for Wagga Wagga City Council.,	3	
in	ward (insert ward na	ame, if applicable)
I am already enrolled in this or another ward (if any)) of Wagga Wagga 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 nom statements in the claim are true.	ninated elector sign this claim, and believe, to th	ne best of my knowledge that the
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//		