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

Form for individual owners, occupiers and ratepaying lessees

Instructions: This form must be received by the General Manager of Port Stephens Council by 6:00pm (EST) Monday 25 October 2021.

By post: PO Box 42, RAYMOND TERRACE NSW 2324

By hand: 116 ADELAIDE STREET, RAYMOND TERRACE NSW 2324

By email: council@portstephens.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 may not be enrolled more than once for the same ward. A person who is qualified for enrolment in more than one ward in a Council area may only be enrolled in the ward in which the person is qualified as a resident. If the person is not a resident, they may be enrolled in the ward specified in a notice by the person to the Council's General Manager before the closing date for the election, or if no such notice is given, a ward chosen by the general manager. Overall a person cannot vote more than once is any Local Government Area.

Section 1 – Property details			
Lot #: DP/SP#:	For ratepaying lessees <u>only</u> – Rates assessment number:		
Suite/Level/Unit/Street Number & Street Name	e:		
	State: Postcode:		
Council & Ward			
Section 2 – Claimant's details			
Surname:	Given name(s):		
Date of birth:/			
Residential address			
	Email address:		
Postal address (If different to residential) :			
I am the (tick one): Owner Rate	epaying Lessee Occupier of the property described in Section 1.		
For occupiers only – Date our occupancy ex	pires:/		
For ratepaying lessees only – Date until whi	ch we are liable to pay rates://		
I am entitled to enrol and claim the inclusion o ratepaying lessees for: Port Stephens Council	f my name on the roll of non-resident owners 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 (i	f any) of Port Stephens 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 the claim are true.	e claimant sign this claim, and believe, to the best of my knowledge that the statements in		
Witness surname:	Witness given name(s):		
Witness signature:	Date /		

OFFICE USE ONLY			
Date received// Received by:	_		
Processed date/ Processed by:			
Claim allowed?	☐ No	Date//	
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