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 5 August 2024.

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 'Form for nomination of an elector by joint/several, corporate or trustee owners, occupiers or ratepaying lessees.'

<u>Note</u>: 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>ratepaying lessees</u> only – Rates assessment number:
Suite/Level/Unit/Street Number & Street Name:
Town/Suburb: State: Postcode:
Council & Ward
Section 2 – Claimant's details
Surname: Given name(s):
Date of birth:/
Residential address
Phone number: Email address:
Postal address (If different to residential) :
I am the (tick one): Owner Ratepaying Lessee Occupier of the property described in Section 1.
For occupiers only – Date our occupancy expires:/
For <u>ratepaying lessees</u> only – Date until which we are liable to pay rates://
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 ratepaying lessees for Port Stephens Council,
in ward (insert ward name, if applicable)
I am already enrolled in this or another ward (if 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 claimant sign this claim, and believe, to the best of my knowledge that the statements in the claim are true.
Witness surname: Witness given name(s):
Witness signature: Date / /

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