Wingecarribee
SHIRE COUNCIL

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

Form for individual owners, occupiers and ratepaying lessees

Instructions: This form must be received by the General Manager of Wingecarribee Shire Council **by 6:00pm (EST) Monday 5 August 2024.**

By post: PO Box 141, Moss Vale NSW 2577
By hand: Civic Centre, 68 Elizabeth Street, Moss Vale
By email: mail@wsc.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.**'

Note: A person may not be enrolled or vote more than once in a Council area.

Section 1 – Property details

Lot #: _____ DP/SP#: _____ For ratepaying lessees 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 ratepaying lessees 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 Wingecarribee Shire Council.

in _____ ward (insert ward name, if applicable)

I am already enrolled in this or another ward (if any) of Wingecarribee Shire 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? ☐ Yes   ☐ No   Elector informed of outcome? ☐ Yes   ☐ No   Date _____/_____/_____