

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

Form for individual owners, occupiers and ratepaying lessees

Instructions: This form must be received by the general manager of Cabonne Council by 6:00pm (EST) Monday 5 August 2024.

By post: PO Box 17 Molong NSW 2866
By hand: 99-101 Bank Street Molong NSW 2866
By email: council@cabonne.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. 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 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 Cabonne Council,

in _____ ward (insert ward name, if applicable)

I am already enrolled in this or another ward (if any) of Cabonne 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 ____/____/____