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

Form for individual owners, occupiers and ratepaying lessees

Instructions: This form must be received by the Chief Executive Officer of Newcastle City Council by 6:00pm (EST) Monday 5 August 2024.

By post: City of Newcastle, PO Box 489, Newcastle NSW 2300

By hand: City Administration Centre, Level 1, 12 Stewart Avenue, Newcastle West

By email: elections@ncc.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 Chief Executive Officer before 5 August 2024. If no such notice is given, a ward will be chosen for you by the Chief Executive Officer.

Section 1	- Property details			
Lot #:	DP/SP#:	For ratepaying	<u> lessees</u> only – Rates as	sessment number:
Suite/Level/L	Init/Street Number & Str	eet Name:		
Town/Suburb	o:		State:	Postcode:
Council & Wa	ard			
Section 2	– Claimant's details	;		
Surname:		Given nar	ne(s):	
Date of birth:				
Residential a	ddress			
Postal addres	ss (If different to residen	tial) :		
For <u>occupie</u>	<u>rs</u> only – Date your occ	Ratepaying Lessee upancy expires:/_ until which we are liable		operty described in Section 1.
		s, please attach a copy of		
	to enrol and claim the in ssees for Newcastle City		e roll of non-resident own	ers of rateable land or the roll of occupiers and
in				ward (insert ward name, if applicable)
I am already	enrolled in this or anothe	er ward (if any) of Newcas	tle City Council	
(tick one):	Yes No			
Claimant's si	gnature			Date/
Section 3	- Statement by witr	ness		
I am of or abo the claim are	•	I saw the claimant sign th	nis claim, and believe, to t	he best of my knowledge that the statements in
Witness surn	ame:	Wi	tness given name(s):	
Witness sign	ature:			Date / /

OFFICE USE ONLY							
Date received//	Received by:						
Processed date//	_ Processed by:	_					
Claim allowed?	No Elector informed of outcome? Yes	□ No Date / /					