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

Form for individual owners, occupiers and ratepaying lessees

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

By post: PO Box 77, Corowa NSW 2646
By hand: 100 Edward Street Corowa NSW 2646
By email: council@federationcouncil.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 rate	paying lessees <u>only</u> – Rates asses	ssment 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 L	essee Occupier of the p	property described in Section 1.
For occupiers only – Date our occupancy expires:		
For <u>ratepaying lessees</u> only – Date until which we are li	iable to pay rates:/	<u>/</u>
I am entitled to enrol and claim the inclusion of my name ratepaying lessees for: Federation Council,	on the roll of non-resident owners	s 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 (if any) of Fe	ederation 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 sthe claim are true.	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 LISE ONLY			
	OFFICE USE ONLY			
Date received//	Received by:	_		
Processed date//	Processed by:	_		
Claim allowed? Yes N	o Elector informed of outcome?	□ No	Date	