

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

Form for individual owners, occupiers and ratepaying lessees

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

By post: PO Box 420. Cootamundra, NSW. 2590

By hand: 81 Wallendoon Street, Cootamundra or 255 Sheridan Street, Gundagai

By email: mail@cgrc.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 - Pro	perty details		
Lot #:	DP/SP#:	For <u>ratepaying lessees</u> only – Rates assessme	ent number:
Suite/Level/Unit/Str	eet Number & Street Nar	me:	
Town/Suburb:		State:	Postcode:
Council & Ward			
Section 2 – Cla	nimant's details		
Surname:		Given name(s):	
Date of birth:	//		
Residential address	S		
Phone number:		Email address:	
Postal address (If d	ifferent 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 les	<u>sees</u> only – Date until w	hich 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 Cootamundra-Gundagai Regional Council,			
in			_ ward (insert ward name, if applicable)
I am already enrolle	ed in this or another ward	l (if any) of Cootamundra-Gundagai Regional Coun	ncil
(tick one): Ye	s 🗌 No		
Claimant's signature	e		/ Date/
Section 3 – Sta	tement by witness		
I am of or above the the claim are true.	e age of 18 years. I saw t	the claimant sign this claim, and believe, to the bes	t of my knowledge that the statements in
Witness surname: _		Witness given name(s):	
Witness signature:			Date/

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