

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 (AEST) Monday 26 July 2021.

By post: PO Box 141, Moss Vale NSW 2577

By hand: Civic Centre, 68 Elizabeth Street, Moss Vale NSW 2577

By email: mail@wsc.nsw.gov.au

Do not use this form if you need to nominate an elector.

Use instead Form for nomination of an elector by joint/several, corporate or trustee owners, occupiers or ratepaying lessees.

Note: A person may not be enrolled more than once for the same Local Government Area. If you are a resident of a Council area then you are not permitted to also enrol as a non-resident in that area. Non-residents who own, occupy, or pay rates on multiple parcels of land in the same area may only be enrolled once for that 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 _____

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.

I am already enrolled for Wingecarribee Shire Council.
(see the Note in the instructions)

(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 ____/____/____