

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

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

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

By post: PO Box 32, Parramatta NSW 2124

By hand: City of Parramatta Council Corporate Reception at 126 Church Street, Parramatta By email: governance@cityofparramatta.nsw.gov.au

Do not use this form if you are an individual owner, occupier or ratepaying lessee. Use 'Form for individual owners, occupiers and ratepaying lessees'.

<u>Note</u>: A person may not be enrolled or vote more than once in a Council area. A person who is qualified for enrolment in more than one ward may only be enrolled in the ward of which they are a resident. If the person is not a resident, they may specify which ward they 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 by the Chief Executive Officer.

Section 1 - Property details		
Lot #: DP/SP#: For <u>ratepa</u>	iying lessees only – Rates ass	sessment number:
Suite/Level/Unit/Street Number & Street Name:		
Town/Suburb:		
Council & Ward (if applicable)		
Section 2 – Details of nominator/s		
Section 2 – Details of nominator/s		
Identify the joint/several, corporate or trustee owners, occu individuals, company names, trusts, ABNs and ACNs as ap		
We are the (tick one): Owners Ratepaying L	Lessees Occupiers of	the property described in Section 1.
For <u>occupiers</u> only – Date our occupancy expires:/	//	
For ratepaying lessees only - Date until which we are lial	ble to pay rates:/	/
Nominator's contact details:		
Surname: Given	name(s):	
Date of birth://		
Phone number:	Email address:	
Postal address:		
I nominate	as an electo	r for City of Parramatta Council,
in		ward (insert ward name, if applicable).
I am authorised by the above nominators to make this nom	ination.	
Nominator's signature		Date//
	PLEASE C	OMPLETE BOTH SIDES OF THIS FORM 🛐



Section 3 - Nominated elector's details

Surname:	Given name(s):		
Date of birth://			
Phone number:	Email address:		
Residential Address Street Number & Street	t Name:		
Town/Suburb:	State:	Postcode:	
Postal address (if different to residential:			
I am entitled to enrol and claim the inclusior ratepaying lessees for City of Parramatta Co	n of my name on the roll of non-resident owners o ouncil,	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	d (if any) of City of Parramatta Council		
(tick one): Yes No			
Claimant's signature		Date//	
Section 4 – Statement by witness			
I am of or above the age of 18 years. I saw statements in the claim are true.	the nominated elector sign this claim, and believe	e, to the best of my knowledge that the	
Witness surname:	Witness given name(s):		

_____ Date ____/___/

Witness signature: _____

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