

Witness signature: _

Claim for inclusion on the roll of non-resident owners of rateable land or the roll of occupiers and ratepaying lessees for Willoughby City Council for the **Council Election** to be held on **14 September 2024**.

Form for individual owners, occupiers and ratepaying lessees

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

By post: PO Box 57, Chatswood NSW 2057 By hand: 31 Victor Street, Chatswood NSW 2067

By email: email@willoughby.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 ward. A person who is qualified for enrolment in more than one ward in a Council area may only be enrolled in the ward in which the person is qualified as a resident. If the person is not a resident, they may be enrolled in the ward specified in a notice by the person to the Council's general manager before the closing date for the election, or if no such notice is given, a ward chosen by the general manager. Overall a person cannot vote more than once is any Local Government Area.

Section 1 – Property details		
Lot #: DP/SP#: For rate	epaying lessees <u>only</u> – Rates ass	sessment number:
Suite/Level/Unit/Street Number & Street Name:		
Town/Suburb:	State:	Postcode:
Council & Ward		
Section 2 – Claimant's details		
Surname: Giv	/en 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 Willoughby City Council.		
in		ward (insert ward name, if applicable)
I am already enrolled in this or another ward (if any) of V	Willoughby City 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 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):	

Date ___

OFFICE USE ONLY