Claim for inclusion on the roll of non-resident owners of rateable land or the roll of occupiers and ratepaying lessees for Byron Shire

Form for individual owners, occupiers and ratepaying lessees

Instructions: This form must be received by the General Manager of Byron Shire Council by 6:00pm (EST) Monday 3 August 2020.

By post: PO Box 219, Mullumbimby NSW 2482 By hand: 70 Station Street, Mullumbimby NSW

By email: council@byron.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 in any Local Government Area.

Section 1 - Property details	
Lot #: DP/SP#: For ra	ntepaying lessees <u>only</u> – Rates assessment number:
Suite/Level/Unit/Street Number & Street Name:	
Town/Suburb:	State: Postcode:
Council & Ward	
Section 2 – Claimant's details	
Surname:	iven 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 a	re liable to pay rates://
I am entitled to enrol and claim the inclusion of my nar ratepaying lessees for Byron Shire,	ne on the roll of non-resident owners 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) or	Byron Shire
(tick one):	
Claimant's signature	Date/
Section 3 – Statement by witness	
I am of or above the age of 18 years. I saw the claima the claim are true.	nt 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 USE ONLY
OFFICE USE ONLY
Date received/ Received by: Processed date// Processed by:
Claim allowed?