

Claim for inclusion on the roll of non-resident owners of rateable land or the roll of occupiers and ratepaying lessees for Hawkesbury City 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 General Manager of Hawkesbury City Council by 6:00pm (EST) Monday 5 August 2024.

By post: PO Box 146 WINDSOR NSW 2756 By hand: 366 George Street WINDSOR NSW 2756

By email: council@hawkesbury.nsw.gov.au

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

Section 1 - Property details			
Lot #: DP/SP#:	For ratepaying les	ssees <u>only</u> – Rates a	ssessment number:
Suite/Level/Unit/Street Number & Stre	et Name:		
Town/Suburb:		State:	Postcode:
Council:			
Section 2 – Details of nominat	or/s		
Identify the joint/several, corporate or individuals, company names, trusts, A			nominating the elector. Include full names of required, attach another page)
We are the (tick one): Owners	Ratepaying Lessees	Occupiers of	of the property described in Section 1.
For occupiers only – Date our occup	ancy expires://		
For ratepaying lessees only – Date	until which we are liable to p	ay rates:/	
Nominator's contact details:			
Surname:	Given name(s	s):	
Date of birth:/			
Phone number:	Email a	address:	
Postal address:			
I nominate		as an elec	tor for Hawkesbury City Council.
I am authorised by the above nominat	ors to make this nomination.		
Nominator's signature			Date/

Section 3 - Nominated elector's details _____ Given name(s): _____ Date of birth: ____/___ _____ Email address: _____ Phone number: ___ Residential Address Street Number & Street Name: ___ _____ State: _____ Postcode: _____ Town/Suburb: Postal address (if different to residential: _____ 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 Hawkesbury City Council. ______Date _____/_____ Claimant's signature ___ Section 4 – Statement by witness I am of or above the age of 18 years. I saw the nominated elector 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): _____ **OFFICE USE ONLY** Date received ____/___ Received by: ____ Processed date ____/___ Processed by: _____

Date ____/___