

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 individual owners, occupiers and 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](mailto:council@hawkesbury.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.**

## 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 Hawkesbury City Council.

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 \_\_\_\_/\_\_\_\_/\_\_\_\_