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

Form for individual owners, occupiers and ratepaying lessees

Instructions: This form must be received by the General Manager of: Ballina Shire Council by 6:00pm (EST) Monday 26 July 2021.

By post: PO Box 450, Ballina, NSW, 2478 By hand: 40 Cherry Street, Ballina NSW 2478

o not use this form if you need to nominate an elector.	
se instead Form for nomination of an elector by joint/several, corporate or trustee owners, occupiers or ratepaying lessees	

<u>Note</u>: 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	paying lessees <u>only</u> – Rates ass	sessment number:
Suite/Level/Unit/Street Number & Street Name:		
Town/Suburb:		
Council & Ward		
Section 2 – Claimant's details		
Surname: Give	en name(s):	
Date of birth:/		
Residential address		
Phone number:		
Postal address (If different to residential) :		
I am the (tick one): Owner Ratepaying Les	ssee 🗌 Occupier of the pro	operty described in Section 1.
For occupiers only – Date our occupancy expires:	_//	
For ratepaying lessees only - Date until which we are I	liable to pay rates:/	/
I am entitled to enrol and claim the inclusion of my name ratepaying lessees for: Ballina Shire Council,	on the roll of non-resident owne	ers 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) of Ba	allina Shire 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 s the claim are true.	sign this claim, and believe, to th	ne best of my knowledge that the statements in
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//			