

Claim for inclusion on the roll of non-resident owners of rateable land or the roll of occupiers and ratepaying lessees for Strathfield 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 CEO of Strathfield Council by 6:00pm (EST) Monday 25 October 2021.

By post: PO Box 120, Strathfield NSW 2135 By hand: 65 Homebush Road, Strathfield NSW 2135 By email: council@strathfield.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

<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 in any Local Government Area.

Section	1 – Property details							
Lot #:	DP/SP#:	For ratepaying lessees	_ For ratepaying lessees <u>only</u> – Rates assessment number:					
Suite/Level/	/Unit/Street Number & Stre	et Name:						
Town/Subu	rb:		State:	Postcode:				
Council & V	/ard (if applicable)							
Section	2 – Details of nominat	or/s						
		trustee owners, occupiers or rater BNs and ACNs as appropriate: (<i>If</i>		nominating the elector. Include full names of required, attach another page)				
We are the	(tick one): Owners	Ratepaying Lessees	Occupiers	of the property described in Section 1.				
For occupi	ers <u>only</u> – Date our occup	ancy expires:///	_					
For ratepay	/ing lessees <u>only</u> – Date	until which we are liable to pay rat	es:/	_/				
Nomina	tor's contact details:							
Surname: _		Given name(s):						
Date of birth	ו:/							
Phone num	ber:	Email addre	ss:					
Postal addr	ess:							

I nominate	as a	an elector for Strathfield Council,
in		ward (insert ward name, if applicable).
I am authorised by the above nominate	ors to make this nomination.	
Nominator's signature		Date / /
	PL	EASE COMPLETE BOTH SIDES OF THIS FORM
	- 1-1-1-	_
Section 3 - Nominated elector's	s detalls	
Surname:	Given name(s):	
Date of birth://		
Phone number:	Email address:	
		Postcode:
I am entitled to enrol and claim the incl ratepaying lessees for: Strathfield Cou	lusion of my name on the roll of non-reside ncil	ent owners of rateable land or the roll of occupiers and
in	Wi	vard (insert ward name, if applicable)
I am already enrolled in this or another (see the Note in the instructions)	[·] ward (if any) of Strathfield Council	
(tick one): Yes No		
Claimant's signature		Date//
Section 4 – Statement by witne	255	
I am of or above the age of 18 years. I statements in the claim are true.	saw the nominated elector sign this claim	n, and believe, to the best of my knowledge that the
Witness surname:	Witness given name	e(s):
Witness signature:		Date / /

OFFICE USE ONLY											
Date received	//	_ Received by:									
Processed date	//	Processed b	y:		_						
Claim allowed?	Yes		tor informed of outcome?	X Yes	🗌 No	Date	_/	/			