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

Form for individual owners, occupiers and ratepaying lessees

Instructions: This form must be received by the general manager of Upper Hunter Shire Council by 6:00pm (EST) Monday 5 August 2024.

By post: PO Box 208 Scone NSW 2337 By hand: 155 Liverpool Street Scone

34-40 Vennacher Street Merriwa 47 Mayne Street Murrurundi

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

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

Note: A person may not be enrolled or vote more than once in a Council area. If you have a claim for enrolment in more than one ward and you are a resident in the area, you may only be enrolled for the ward of which you are a resident. If you are not a resident and have a claim for enrolment in more than one ward, you may specify which ward you wish to be enrolled in by giving written notice to the Council's general manager before 5 August 2024. If no such notice is given, a ward will be chosen for you by the general manager.

Section 1 - Property details			
Lot #: DP/SP#:	For ratepaying lessees	<u>s</u> only – Rates assess	ment number:
Suite/Level/Unit/Street Number & Street Name:			
Town/Suburb:		_ State:	Postcode:
Council & Ward			
Section 2 – Claimant's details			
Surname:	Given name(s):		
Date of birth:/			
Residential address			
Phone number:	Email addr	ess:	
Postal address (If different to residential):			
I am the (tick one): Owner Ratep	paying Lessee	Occupier of the prope	rty described in Section 1.
For <u>occupiers</u> only – Date our occupancy exp	ires://	_	
For <u>ratepaying lessees</u> only – Date until which	h we are liable to pay ra	ates://	
I am entitled to enrol and claim the inclusion of ratepaying lessees for Upper Hunter Shire Cour		non-resident owners o	of rateable land or the roll of occupiers and
I am already enrolled in Upper Hunter Shire Co	uncil.		
(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 the claim are true.	claimant sign this claim	ı, and believe, to the b	est of my knowledge that the statements in
Witness surname:	Witness giv	ven name(s):	
Witness signature:			Data / /

OFFICE USE ONLY					
Date received/ Received by:	-				
Processed date/ Processed by:	_				
Claim allowed?	□ No	Date//			
2 of 2					