

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



## Form for individual owners, occupiers and ratepaying lessees

Instructions: This form must be received by the General Manager of Liverpool Plains Shire Council by 6:00pm (EST) Monday 5 August 2024.

By post: PO Box 152 QUIRINDI NSW 2343

By hand: 60 Station Street, QUIRINDI NSW 2343

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

**Note:** A person may not be enrolled or vote more than once in a Council area.

### Section 1: Property Details

Lot #: \_\_\_\_\_ DP/SP#: \_\_\_\_\_

For ratepaying lessees only – Rates assessment number: \_\_\_\_\_

Unit/Street Number: \_\_\_\_\_ Street Name: \_\_\_\_\_

Town/Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

### 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 Liverpool Plains 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 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 \_\_\_\_/\_\_\_\_/\_\_\_\_