Claim for inclusion on the roll of non-resident owners of rateable land or the roll of occupiers and ratepaying lessees for Mid-Western Regional Council.

Form for individual owners, occupiers and ratepaying lessees

Instructions: This form must be received by the general manager of Mid-Western Regional Council by 6:00pm (EST) Monday, 28 October 2024.

By post: PO Box 156 MUDGEE NSW 2850

By hand: 86 Market Street Mudgee, 109 Hebert Street Gulgong or 77 Louee Street Rylstone By email: council@midwestern.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 detai	ils		
Lot #: DP/SP#:	For <u>ratepaying lessees</u> only – Rates assessment number:		
Suite/Level/Unit/Street Number &	& Street Name:		
Town/Suburb:		State:	Postcode:
Council & Ward			
Section 2 – Claimant's de	tails		
Surname:	Given nan	ne(s):	
Date of birth://	_		
Residential address			
Postal address (If different to res	idential) :		
I am the (tick one): D Owner	Ratepaying Lessee	Occupier of the p	property described in Section 1.
For occupiers only - Date our of	occupancy expires:/	/	
For <u>ratepaying lessees</u> only –	Date until which we are liable t	to pay rates:/	_/
I am entitled to enrol and claim the ratepaying lessees for Mid-West		e roll of non-resident own	ners of rateable land or the roll of occupiers and
in			ward (insert ward name, if applicable)
I am already enrolled in this or a	nother ward (if any) of Mid-We	stern Regional Council	
(tick one): Yes N	0		
Claimant's signature			Date//
Section 3 – Statement by	witness		
I am of or above the age of 18 ye the claim are true.	ears. I saw the claimant sign th	nis claim, and believe, to	the best of my knowledge that the statements in
Witness surname:	Wit	tness given name(s):	
Witness signature:			Date /

OFFICE USE ONLY						
Date received//	Received by:					
Processed date/ Processed by:						
Claim allowed? Ses	No Elector informed of outcome?	s 🗌 No Date//				