

Form for individual owners, occupiers and ratepaying lessees

Instructions: This form must be received by the General Manager of Tweed Shire Council by 6 pm (AEST) Monday 25 October 2021.

By post:	The General Manager, PO Box 816, Murwillumbah, NSW 2484
By hand:	Murwillumbah Civic & Cultural Centre, 10-14 Tumbulgum Road, Murwillumbah OR
	Tweed Heads Administration Office, 21 Brett Street, Tweed Heads

By email: tsc@tweed.nsw.gov.au

Do not use this form if you need to nominate an elector.

Use 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 in any Local Government Area.

Section 1	 Property details 						
Lot #:	DP/SP#:	For ratepay	r ratepaying lessees <u>only</u> – Rates assessment number:				
Suite/Level/Ur	nit/Street Number & S	Street Name:					
Town/Suburb:			State:	Postcode:			
Council & War	rd						
Section 2	– Claimant's deta	llS					
Surname:		Given r	name(s):				
Date of birth: _	//						
Residential ad	dress						
Phone numbe	hone number: Email address:						
Postal address	s (If different to resid	ential):					
	,			property described in Section 1.			
-		cupancy expires:/_					
			ble to pay rates:/				
	o enrol and claim the sees for: Tweed Shii		the roll of non-resident ow	vners of rateable land or the roll of occupiers a	nd		
in				ward (insert ward name, if applicable	e)		
l am already e	nrolled in this or and	ther ward (if any) of Twee	ed Shire Council				
(tick one):	Yes No						
Claimant's sig	nature			Date//	_		
Section 3 ·	– Statement by w	itness					
l am of or aboy the claim are t		rs. I saw the claimant sigr	n this claim, and believe, to	o the best of my knowledge that the statements	s in		
Witness surna	me:		Witness given name(s):				

Date /

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