

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 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 new doy au

By email: tsc@tweed.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

Note: 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 <u>only</u> – Rate	s assessment number:
Suite/Level	/Unit/Street Number & Str	reet Name:	
			Postcode:
Council & V	Vard (if applicable)		
Section	2 – Details of nomina	ator/s	
		r trustee owners, occupiers or ratepaying lesse ABNs and ACNs as appropriate: (<i>If more space</i>	es nominating the elector. Include full names of e is required, attach another page)
We are the	(tick one): Owners	Ratepaying Lessees Occupie	rs of the property described in Section 1.
For occup	iers <u>only</u> – Date our occu	ipancy expires://	
For ratepa	ying lessees <u>only</u> – Date	e until which we are liable to pay rates:/_	/
Nomina	tor's contact details:		
Surname: _		Given name(s):	
Date of birt	h://		
Phone num	ıber:	Email address:	
Postal addr	ress:		
I nominate		as an e	lector for Tweed Shire Council,
in			ward (insert ward name, if applicable).
I am author	ised by the above nomina	ators to make this nomination.	
Nominator's	s signature		Date / /
		1 of 2	PLEASE COMPLETE BOTH SIDES OF THIS FORM

Section 3 - Nominated elector's details

Surname:	Given name(s):	
Date of birth://		
Phone number:	Email address:	
Residential Address Street Number	er & Street Name:	
Town/Suburb:	State:	Postcode:
Postal address (if different to resid	dential:	
ratepaying lessees for: Tweed Shi	e inclusion of my name on the roll of non-resident owne ire Council ward (inse	· · · · · · · · · · · · · · · · · · ·
I am already enrolled in this or and (see the Note in the instructions)	other ward (if any) of Tweed Shire Council.	
(tick one): Yes No		
Claimant's signature		Date//
Section 4 – Statement by w	vitness	
I am of or above the age of 18 years statements in the claim are true.	ars. I saw the nominated elector sign this claim, and bel	ieve, to the best of my knowledge that the
Witness surname:	Witness given name(s):	
Witness signature:		Date//

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