

Form for individual owners, occupiers and ratepaying lessees

Instructions:

This form must be received by the General Manager of Wollongong City Council by 6:00pm (EST) **Monday 5 August 2024**.

By post: Locked Bag 8821 Wollongong DC NSW 2500

By hand: 41 Burelli Street Wollongong

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

Do not use this form if you need to nominate an elector. Use instead the **Form for nomination of an elector by joint / several, corporate or trustee owners, occupiers or 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 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 the Local Government Area.

Section 1 – Property Details

Lot #: _____ DP/SP#: _____ For ratepaying lessees only – Rates assessment number: _____

Suite/Level/Unit/Street Number & Street Name: _____

Town/Suburb: _____ State: _____ Postcode: _____

Council: **Wollongong City Council** Ward (1, 2 or 3): _____

Section 2 – Claimant's Details

Surname: _____ Given Name(s) : _____

Date of birth: ____/____/____

Phone number: _____ Email address: _____

Residential address: _____

Postal address (if different to residential address): _____

I am the (tick one): Individual Owner Ratepaying Lessee Occupier of the property described in Section 1.

For occupiers only: Date your occupancy expires: ____/____/____

For ratepaying lessees only: Date until which you 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 Wollongong City Council, in Ward (1, 2 or3) _____.
- I am already enrolled in this or another Ward of Wollongong City 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 ____/____/____