

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

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 Liverpool City Council by 6:00pm (EST) Monday 5 August 2024.

By post: Locked Bag 7064, Liverpool BC, NSW 1871

By hand: Liverpool Civic Tower, Level 10, 50 Scott Street, Liverpool

By email: brunettam@liverpool.nsw.gov.au

Do not use this form if you are an individual owner, occupier or ratepaying lessee. Use 'Form for individual owners, occupiers and ratepaying lessees'

Note: A person may not be enrolled or vote more than once in a Council area. A person who is qualified for enrolment in more than one ward may only be enrolled in the ward of which they are a resident. If the person is not a resident, they may specify which ward they 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 by the general manager.

Section 1 - Property details		
Lot #: DP/SP#:	For <u>ratepaying lessees</u> only – Rates assessme	nt number:
Suite/Level/Unit/Street Number & Street Name	o:	
Town/Suburb:	State:	Postcode:
Council & Ward (if applicable)		
Section 2 – Details of nominator/s		
	owners, occupiers or ratepaying lessees nominating ACNs as appropriate: (If more space is required)	
We are the (tick one): Owners	Ratepaying Lessees Occupiers of the pro	perty described in Section 1.
For occupiers only – Date our occupancy ex	pires:/	
For <u>ratepaying lessees</u> only – Date until whi	ch we are liable to pay rates://	
Nominator's contact details:		
Surname:	Given name(s):	
Date of birth:/		
Phone number:	Email address:	
Postal address:		
I nominate	as an elector for Liv	verpool City Council,
in		ward (insert ward name, if applicable).
I am authorised by the above nominators to m	ake this nomination.	
Nominator's signature		/ Date/

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Surname:	Given name(s):	
Date of birth:/		
Phone number:	Email address:	
Residential Address Street Number &	Street Name:	
own/Suburb:	State:	Postcode:
ostal address (if different to resident	tial:	
atepaying lessees for Liverpool City	ward (ins	·
am already enrolled in this or anothe	er ward (if any) of Liverpool City Council	
cick one): Yes No		
laimant's signature		Date/
Section 4 – Statement by witr	1655	
am of or above the age of 18 years.	I saw the nominated elector sign this claim, and be	elieve, to the best of my knowledge that the
tatements in the claim are true.	-	
tatements in the claim are true.	I saw the nominated elector sign this claim, and be Witness given name(s):	, , ,
tatements in the claim are true. Vitness surname:	-	
ratements in the claim are true. /itness surname:	Witness given name(s):	