

Claim for inclusion on the roll of non-resident owners of rateable land or the roll of occupiers and ratepaying lessees for **Byron Shire 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 **Byron Shire Council** by 6:00pm (EST) Monday 5 August 2024.

By post: **PO Box 219, Mullumbimby NSW 2482**  
By hand: **70 Station Street, Mullumbimby NSW 2482**  
By email: **election@byron.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 ratepaying lessees only – Rates assessment number: \_\_\_\_\_  
Suite/Level/Unit/Street Number & Street Name: \_\_\_\_\_  
Town/Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Council & Ward (if applicable) \_\_\_\_\_

### Section 2 – Details of nominator/s

Identify the joint/several, corporate or trustee owners, occupiers or ratepaying lessees nominating the elector. Include full names of individuals, company names, trusts, ABNs and ACNs as appropriate: *(If more space is required, attach another page)*

We are the (tick one):  Owners  Ratepaying Lessees  Occupiers of the property described in Section 1.

**For occupiers only** – Date our occupancy expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

**For ratepaying lessees only** – Date until which 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 **Byron Shire Council**,  
in \_\_\_\_\_ ward (insert ward name, if applicable).

I am authorised by the above nominators to make this nomination.

Nominator's signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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 & Street Name: \_\_\_\_\_

Town/Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal address (if different to residential): \_\_\_\_\_

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 **Byron Shire Council**,  
in \_\_\_\_\_ ward (insert ward name, if applicable)

I am already enrolled in this or another ward (if any) of **Byron Shire Council**

(tick one):  Yes  No

Claimant's signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Section 4 – Statement by witness

I am of or above the age of 18 years. I saw the nominated elector 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 \_\_\_\_/\_\_\_\_/\_\_\_\_