### **FORM FOR INDIVIDUAL OWNERS, OCCUPIERS & RATEPAYING LESSEES**

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| ****Instructions**** |
| This form must be received by the CEO of Murray River Council by 6:00pm (EST) Mon. 5 August 2024.**By post:**  PO Box 906 MOAMA NSW 2731**By hand:** 52 Perricoota Road, Moama / MVBC Cobb Highway, Mathoura Murray Street, Barham / Tualka Terrace, Moulamein**By email:**  admin@murrayriver.nsw.gov.au**Do not** use this form if you need to nominate an elector. Use **‘**Form for nomination of an elector by joint/several, corporate or trustee owners, occupiers or ratepaying lessees.’**Note:** A person may not be enrolled or vote more than once in a Council area. If you have a claim for enrolment in more than 1 ward and you are a resident in the area, you may only be enrolled for the ward of which you are a resident. If you are not a resident and have a claim for enrolment in more than 1 ward, you may specify which ward you wish to be enrolled in by giving written notice to the Council’s CEO before 5 August 2024. If no such notice is given, a ward will be chosen for you by the CEO. |
| **Section 1 – Property details** |
| Lot #: \_\_\_\_\_\_\_\_\_\_ DP/SP#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For ratepaying lessees only – Rates assessment no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Suite/Level/Unit/Street Number & Street Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Town/Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Council & Ward\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Section 2: Claimant’s Details** |
| Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Residential address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal address (If different to residential): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ I am the (tick one): [ ]  Owner [ ]  Ratepaying Lessee [ ]  Occupier 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: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_I am entitled to enrol & claim the inclusion of my name on the roll of non-resident owners of rateable land or the roll of occupiers & ratepaying lessees for Murray River Council in ward (insert ward name, if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I am already enrolled in this or another ward (if any) of Murray River 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 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  |