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

Form for individual owners, occupiers and ratepaying lessees

Instructions: This form must be received by the general manager of: Hornsby Council by 6:00pm (EST) Monday 25 October 2021.

By post: PO Box 37, Hornsby NSW 1630

By hand: 296 Peats Ferry Road, Hornsby NSW 2077

By email: hsc@hornsby.nsw.gov.au

Do not use this form if you need to nominate an elector.

Use instead 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 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 is any Local Government Area.

Section 1 – Property details		
Lot #: DP/SP#:	For ratepaying lessees <u>only</u> – Rates	assessment number:
Suite/Level/Unit/Street Number & Street Name: _		
Town/Suburb:	State:	Postcode:
Council & Ward		
Section 2 – Claimant's details		
Surname:	Given name(s):	
Date of birth:/		
Residential address		
Phone number:	Email address:	_
Postal address (If different to residential) :		
I am the (tick one): \square Owner \square Ratepay	ring Lessee	property described in Section 1.
For occupiers only – Date our occupancy expir	es:/	
For ratepaying lessees only – Date until which	we are liable to pay rates:/_	
I am entitled to enrol and claim the inclusion of matepaying lessees for: Hornsby Council,	ny name on the roll of non-resident o	wners of rateable land or the roll of occupiers and
in		ward (insert ward name, if applicable)
I am already enrolled in this or another ward (if a (tick one): \square Yes \square No	ny) of Hornsby Council	
Claimant's signature		Date/
Section 3 – Statement by witness		
I am of or above the age of 18 years. I saw the c the claim are true.	laimant sign this claim, and believe,	to the best of my knowledge that the statements in
Witness surname:	Witness given name(s): _	
Witness signature:		Date / /

OFFICE USE ONLY		
Date received/ Received by:		
Processed date/ Processed by:		
Claim allowed?		