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

## Form for individual owners, occupiers and ratepaying lessees

Instructions: This form must be received by the Chief Executive Officer of City of Ryde by 6:00pm (EST) Monday 5 August 2024.

By post: Governance Election 2024 Team, Locked Bag 2069, North Ryde NSW 1670

By hand: Customer Service Centre, 1 Pope Street, Ryde NSW 2112

By email: governance@ryde.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.'

<u>Note</u>: 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 one 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 one ward, you may specify which ward you wish to be enrolled in by giving written notice to the Council's Chief Executive Officer before 5 August 2024. If no such notice is given, a ward will be chosen for you by the Chief Executive Officer.

Section 1 - Property details	
Lot #: DP/SP#:	For <u>ratepaying lessees</u> only – Rates assessment number:
Suite/Level/Unit/Street Number & Street	t Name:
Town/Suburb:	State: Postcode:
Council & Ward	
Section 2 – Claimant's details	
Section 2 – Claimant's details	
Surname:	Given name(s):
Date of birth:/	
Residential address	
Phone number:	Email address:
Postal address (If different to residential	l):
I am the (tick one):	Ratepaying Lessee Occupier of the property described in Section 1.
For occupiers only – Date our occupa	ncy expires://
For <u>ratepaying lessees</u> only – Date u	ntil which we are liable to pay rates://
I am entitled to enrol and claim the incl ratepaying lessees for City of Ryde,	sion of my name on the roll of non-resident owners 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 any) of City of Ryde
(tick one):	
Claimant's signature	Date/
Section 3 – Statement by witne	ss
I am of or above the age of 18 years. I the claim are true.	saw the claimant 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?	□ No	Date/