

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

## Form for individual owners, occupiers and ratepaying lessees

**Instructions:** This form must be received by the general manager of the City of Coffs Harbour by 6:00pm (EST) Monday 5 August 2024.

By post: Locked Bag 155, Coffs Harbour, NSW 2450  
By hand: Yarrila Place, 27 Gordon St Coffs Harbour  
By email: [coffs.council@chcc.nsw.gov.au](mailto:coffs.council@chcc.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 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 general manager before 5 August 2024. If no such notice is given, a ward will be chosen for you 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 \_\_\_\_\_

### 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):  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 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 the City of Coffs Harbour,

in \_\_\_\_\_ ward (insert ward name, if applicable)

I am already enrolled in this or another ward (if any) of the City of Coffs Harbour

(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 \_\_\_\_/\_\_\_\_/\_\_\_\_