

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 City Manager of Fairfield City Council by 6:00pm (EST) Monday 25 October 2021.

By post: PO Box 21 Fairfield NSW 1860

By hand: Council Administration Centre, 86 Avoca Road Wakeley

By email: governance@fairfieldcity.nsw.gov.au

Do not use this form if you are an individual owner, occupier or ratepaying lessee. Use instead Form for individual owners, occupiers and 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 City Manager before the closing date for the election, or if no such notice is given, a ward chosen by the City Manager. Overall a person cannot vote more than once in any Local Government Area.

Section 1	- Property details					
Lot #:	DP/SP#:	_ For ratepaying lessee	es <u>only</u> – Rates a	assessment number: _		
Suite/Level/Ur	nit/Street Number & Street Name	e:				
Town/Suburb:			State:	Postcode	ii	
Council & War	rd (if applicable)					
Section 2	– Details of nominator/s					
	int/several, corporate or trustee mpany names, trusts, ABNs and					ull names of
We are the (tio	ck one): Owners	Ratepaying Lessees	Occupiers	of the property descri	bed in Section	1.
For occupiers	s <u>only</u> – Date our occupancy ex	pires://				
For ratepayin	g lessees <u>only</u> – Date until whi	ch we are liable to pay	rates:/			
Nominator	's contact details:					
Surname:		Given name(s): _				
Date of birth: _						
Phone number	r:	Email add	lress:			
Postal address	3:					
I nominate	as a	n elector for Fairfield C	ity Council, in	(insert ward name	, if applicable)	ward.
I am authorise	d by the above nominators to m	ake this nomination.				
Nominator's si	gnature				Date/_	/2021_

PLEASE COMPLETE BOTH SIDES OF THIS FORM





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

Section 3 - Nominated elector's deta	ails						
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:							
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 Fairfield City Council, in ward. (insert ward name, if applicable)							
I am already enrolled in this or another ward (tick one): Yes No	(if any) of Fairfield City Council (see the Note in the instructions)						
Claimant's signature	Date//2021						
Section 4 – Statement by Witness							
I am of or above the age of 18 years. I saw the statements in the claim are true.	he nominated elector sign this claim, and believe, to the best of my knowledge that the						
Witness surname:	Witness given name(s):						
Witness signature:	Date//2021_						
	OFFICE USE ONLY						
Date received:/2021_ Receiv	ved by:						
Processed date:/2021_ Proces	ssed by:						
Claim allowed?	Elector informed of outcome? Yes Date//2021						