Narrabri Shire Council

46-48 Maitland Street

PO Box 261, Narrabri NSW 2390

P (02) 6799 6866

F (02) 6799 6888

E council@narrabri.nsw.gov.au

NARRABRI SHIRE
DISCOVER THE POTENTIAL

Form for individual owners, occupiers and ratepaying lessees

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

Instructions: This form must be received by the General Manager of Narrabri Shire Council by 6:00pm (EST) Monday 5 August 2024.

By post: PO Box 261, Narrabri NSW 2390
By hand: 46-48 Maitland Street, Narrabri NSW
By email: council@narrabri.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.

Section 1 – Property Details

Lot #: _____ DP/SP#: _____ For ratepaying lessees underline only – Rates assessment number: _____

Suite/Level/Unit/Street Number & Street Name: _____

Town/Suburb: _____ State: _____ Postcode: _____

Council _____

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 underline only – Date our occupancy expires: ____/____/____

For ratepaying lessees underline 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: Narrabri Shire Council,

Claimant's signature _____ Date ____/____/____

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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 ____/_____/_____

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OFFICE USE ONLY

Date received ____/____/____ Received by: _____ Processed date ____/____/____ Processed by: _____

Claim allowed? ☐ Yes   ☐ No   Elector informed of outcome? ☐ Yes   ☐ No   Date ____/_____/____