

## Instructions

Please complete all sections and sign the declaration to ensure your application for revocation of appointment can be accepted.

|  |  |  |  |  |  |                |  |  |              |       |     |
|--|--|--|--|--|--|----------------|--|--|--------------|-------|-----|
| <b>1. Name of Council</b>                              |  |  |  |  |  |                |  |  |              |       |     |
| Council name   |  |  |  |  |  |                |  |  |              |       |     |
| <b>2. Property Details</b>                             |  |  |  |  |  |                |  |  |              |       |     |
| Address of rateable property                           |  |  |  |  |  | Postcode       |  |  |              | State | VIC |
| <b>3. Corporation details</b>                          |  |  |  |  |  |                |  |  |              |       |     |
| Name of corporation                                    |  |  |  |  |  |                |  |  |              |       |     |
| ACN  |  |  |  |  |  |                |  |  | Phone number |       |     |
| Registered address                                     |  |  |  |  |  | Postcode       |  |  |              | State |     |
| <b>4. Details of Appointment to be revoked</b>         |  |  |  |  |  |                |  |  |              |       |     |
| Given name/s   |  |  |  |  |  |                |  |  |              |       |     |
| Family name  |  |  |  |  |  |                |  |  |              |       |     |
| Date of birth  |  |  |  |  |  |                |  |  |              |       |     |
| Address of principal place of residence                |  |  |  |  |  | Postcode       |  |  |              | State |     |
| Postal address<br>If different                         |  |  |  |  |  | Postcode       |  |  |              | State |     |
| Phone number   |  |  |  |  |  | E-mail address |  |  |              |       |     |
| <b>5. Corporation declaration</b>                      |  |  |  |  |  |                |  |  |              |       |     |
| Details of person signing on behalf of the corporation |  |  |  |  |  |                |  |  |              |       |     |
| Name   |  |  |  |  |  |                |  |  |              |       |     |
| Position held in corporation                           |  |  |  |  |  |                |  |  |              |       |     |
| Phone number   |  |  |  |  |  | E-mail address |  |  |              |       |     |

I declare that:

- I am authorised to make the notice of revocation on behalf of the corporation, and
- The appointment of the person named in Section 4 as a voting representative of the corporation is to be revoked.

|           |  |      |     |
|-----------|--|------|-----|
| Signature |  | Date | / / |
|-----------|--|------|-----|

**For this revocation to take effect before the next council election, it must be received by the council prior to the close of the roll.**

**Council postal address for lodgement:** Colac Otway Shire Council, PO Box 283, Colac VIC 3250

**Email address:** [elections@colacotway.vic.gov.au](mailto:elections@colacotway.vic.gov.au)

### Privacy Statement

*Council is committed to protecting your privacy. Your personal information will be handled in accordance with the Privacy and Data Protection Act 2014. All personal information we collect will only be used in accordance with our Privacy Policy, which is available from our website. For further information about how we manage and use your personal information or how you can access and/or amend your personal information please contact us via our website or by calling us directly.*