## APPEAL FORM



The Municipal Manager	SEN	
Tel: Fax:		
Appeal number:		
Completed forms must reach the Municipality by		
DESCRIPTION OF PROPE	RTY:	
Erf and Unit Number:		
APPEALANT INFORMATION	<u>ON</u> :	
Please tick the correct box	x:	
Owner: Tenant:	Municipality: Representative:	
Name of registered owner of property:		
Identity number:		
Street address of erf under objection:		
Postal address of the ratepayer:		
Telephone number:		

Cell number:	
Email address:	
DETAILS:	
Description of the property/un	it:
Category (e.g. Residential, Business, Farm, Sectional Title, State Owned, Municipal	etc):
	ch as offers to purchase, insurance on property, included to support your objection.
Changes requested by Appea	alant (specific details required):
DECLARATION:	
particulars were not provided when requ concerned relies on such document, inf an order as to costs in terms of Section	(2) of the Act which states that where any document, information or uired in terms of subsection 42(1) of the Act and the owner ormation or particulars in an appeal to the Appeal Board may make 70 of the Act if the Appeal Board is of the view that the failure to so rmation or particulars has placed an unnecessary burden on the Appeal Board.
I/We	
Hereby declare that the inforn	nation and particulars are true and correct
Signature	Date: