

Randfontein Local Municipality

OBJECTION FORM A: RESIDENTIAL (FULL TITLE & SECTIONAL TITLE USED FOR RESIDENTIAL PURPOSES)

LODGING OF AN OBJECTION AGAINST THE DECISION OF THE MUNICIPAL VALUER REGARDING MATTERS PERTAINING TO PROPERTY AS REFLECTED IN THE SUPPLEMENTARY VALUATION ROLL FOR THE PERIOD **1 JULY 2009 TO 30 JUNE 2010.**

DESCRIPTION OF PROPERTY IN RESPECT OF WHICH THE OBJECTION IS MADE

ERF/UNIT NO: _____
SUBURB/SCHEME NAME: _____

SECTION 1: OBJECTOR'S INFORMATION 1.1 OBJECTOR IS THE OWNER

REGISTERED OWNER OF PROPERTY: _____
IDENTITY NO: _____
COMPANY OR C.C REGISTRATION NO: _____
PHYSICAL ADDRESS OF OWNER: _____ CODE: _____
POSTAL ADDRESS OF OWNER: _____ CODE: _____
TELEPHONE NO: HOME: _____ WORK: _____ CELL: _____
FAX: _____ EMAIL: _____

1.2 OBJECTOR IS NOT THE OWNER

NAME OF OBJECTOR: _____
IDENTITY NO: _____
COMPANY OR C.C REGISTRATION NO: _____
POSTAL ADDRESS OF APPEALANT: _____ CODE: _____
TELEPHONE NO: HOME: _____ WORK: _____ CELL: _____
FAX: _____ EMAIL: _____
STATUS OF OBJECTOR (E.G TENANT, PENDING PURCHASER, MUNICIPALITY ETC)

1.3 AUTHORIZED REPRESENTATIVE OF THE OBJECTOR

NAME OF REPRESENTATIVE: _____
IDENTITY NO: _____
POSTAL ADDRESS OF APPEALANT: _____ CODE: _____
TELEPHONE NO: HOME: _____ WORK: _____ CELL: _____
FAX: _____ EMAIL: _____

***IF A REPRESENTATIVE IS APPOINTED, PROOF OF AUTHORISATION MUST BE ATTACHED, TO THIS FORM.**

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SECTION 2: PROPERTY DETAILS (FULL TITLE STANDS)

PHYSICAL ADDRESS: _____ CODE: _____
EXTENT OF PROPERTY (M2): LAND: _____ BUILDING(S): _____
MUNICIPAL ACCOUNT NO: (IF AVAILABLE) _____
NAME OF BOND HOLDER: _____
REGISTERED AMOUNT OF BOND: (IF AVAILABLE) _____
PROVIDE FULL DETAILS OF ALL SERVITUDES, ROAD PROCLAMATIONS OR OTHER
ENDORSEMENTS AGAINST THE PROPERTY (IF APPLICABLE):

SERVITUDE NO: _____ AFFECTED AREA (M2): _____
IN FAVOUR OF: _____
FOR WHAT PURPOSE: _____
WAS COMPENSATION PAID: YES ____ NO ____ IF YES, DATE OF PAYMENT: _____
AMOUNT R _____

SECTION 3: DESCRIPTION OF RESIDENTIAL DWELLING (INDICATE NUMBER OR STATE YES/NO)

3.1 MAIN DWELLING:

EXTENT OF MAIN DWELLING (M2): _____
NO OF BEDROOMS: ____ NO OF BATHROOMS: ____ KITCHEN: ____ LOUNGE: ____
LOUNGE WITH DINNING ROOM: ____ STUDY: ____ PLAYROOM: ____ TELEVISION ROOM: ____
OTHER: _____

OUTBUILDING

EXTENT OF OUTBUILDING (M2): _____
NO. OF GARAGES: ____ GRANNY FLAT/ROOMS: ____ OTHER: _____

OTHER (ATTACH ANNEXTURE)

SWIMMING POOL: ____ BOREHOLE: ____ TENNIS COURT: ____ GARDEN: ____ OTHER: ____
FENCING: TYPE: _____ HEIGHT: _____ FRONT: ____ BACK: ____ SIDES: ____
DRIVEWAY (PAVED): _____ IS YOUR PROPERTY IN A BOOMED AREA: _____
OTHER FEATURES: _____
GENERAL CONDITION OF PROPERTY: GOOD: _____ AVERAGE: _____ POOR: _____

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SECTION 4: SECTIONAL TITLE UNITS

SCHEME NO: _____ NAME OF SCHEME: _____
FLAT NO / DOOR NO: _____ UNIT SIZE(M2): _____
NAME OF MANAGEMENT AGENT: _____ TEL: _____

(INDICATE NUMBER OR SAY YES/NO)

NO OF BEDROOMS: _____ NO OF BATHROOMS: _____ KITCHEN: _____ LOUNGE: _____
DINNING ROOM: _____ STUDY: _____ PLAYROOM: _____ TELEVISION ROOM: _____
LAUNDRY: _____ OTHER: _____

COMMON PROPERTY CONSISTS OF:

SWIMMING POOL (M2): _____ GARAGE (M2): _____ TENNIS COURT (M2) _____
CARPORT (M2): _____ OPEN PARKING (M2): _____ STORE ROOM (M2): _____
GARDEN: _____ OTHER (M2): _____

SECTION 5: OBJECTION DETAILS (COMPULSARY)

PARTICULARS AS DECIDED BY VALUER	CHANGES REQUESTED BY OBJECTOR
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PROPERTY / UNIT NO: _____	_____
CATEGORY: _____	_____
PHYSICAL ADDRESS/FLAT NO: _____	_____
EXTENT: _____	_____

MARKET VALUE: _____	_____
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NAME OF OWNER: _____	_____
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FURTHER REASONS TO SUPPORT THIS APPEAL (ATTACH ANNEXTURE IF AVAILABLE)

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SECTION 6: DECLARATION

ATTENTION IS HEREBY DRAWN TO SECTION 42(2) OF THE ACT WHICH STATES THAT WHERE ANY DOCUMENT, INFORMATION OR PARTICULARS WERE NOT PROVIDED WHEN REQUIRED IN TERMS OF SUBSECTION 42(1) OF THE ACT AND THE OWNER CONCERNED RELIES ON SUCH DOCUMENT, INFORMATION OR PARTICULARS IN AN APPEAL TO AN APPEAL BOARD, THE APPEAL BOARD MAY MAKE AN ORDER AS TO COSTS IN TERMS OF SECTION 70 OF THE ACT IF THE APPEAL BOARD IS OF THE VIEW THAT THE FAILURE TO SO HAVE PROVIDED ANY SUCH DOCUMENT, INFORMATION OR PARTICULARS HAS PLACED AN UNNECESSARY BURDEN ON THE FUNCTIONS OF THE MUNICIPAL VALUER OR THE APPEAL BOARD.

I/WE _____ HEREBY DECLARE THAT THE INFORMATION AND PARTICULARS SUPPLIED ARE TRUE AND CORRECT.

DATE: YEAR _____ MONTH _____ DAY _____

SIGNATURE: _____

OFFICIAL USE

SECTION 7: DECISION OF MUNICIPAL VALUER

DESCRIPTION OF THE PROPERTY/UNIT NO: _____

CATEGORY: _____

PHYSICAL ADDRESS/DOOR/FLAT NO: _____

EXTENT: _____ MARKET VALUE: R _____

REASONS OF THE MUNICIPAL VALUER:

NAME OF MUNICIPAL VALUER: _____

DATE: YEAR _____ MONTH _____ DAY _____

SIGNATURE _____