



MKHONDO LOCAL MUNICIPALITY

Property Rates and Taxes & Clearance Division

PO Box 23
Piet Retief
2380

APPLICATION FOR DISASTER REBATE ON PROPERTY RATES

Surname: _____

Full Names: _____

Identity Number: _____

Date of Birth: _____

Postal Address: _____

Telephone Number _____

Stand/ Erf Details: _____

Account Number: _____

Property Market Value: _____

I hereby confirm and state on oath that my property was affected by (state/nature of the disaster) _____

ATTACHED LETTER DECLARING THAT THE PROPERTY IS SITUATED WITHIN AN AREA AFFECTED BY DISASTER WITH THE MEANING OF THE DISASTER MANAGEMENT ACT 57.

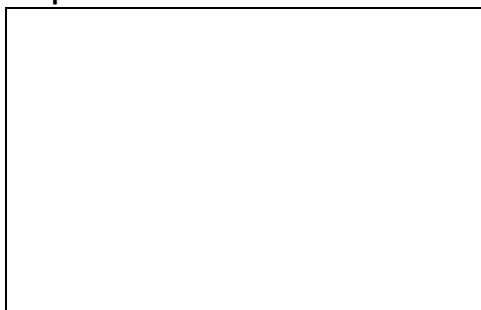
This form may be submitted to the Revenue: Property Rates and Taxes Division.

Thus signed and sworn to, before me at _____
this _____ day of _____

Signature of applicant

Signature of the Administrator of
Official duly authorised by Council

Stamp of Commissioner of Oaths



Signature of Commissioner of Oaths