



APPLICATION FORM

Submit the completed form to the Director: Corporate Services
Municipal Head Office, 1 Church Street, Malmesbury
E-mail: MadelaineT@swartland.org.za / Fax: 022 487 9440

APPLICATION FOR EXEMPTION FROM LEVEL 4 WATER RESTRICTIONS

All fields must be completed.

1. Name of applicant
2. Physical address
3. Business address, if applicable
4. Erf number
5. Zoning of premises

6. Contact particulars of person completing the application

Provide full names, daytime contact number and e-mail address:

NB! A site inspection may be required. Please avail yourself.

7. Municipal account number
8. Nature of business, if applicable
9. Which restriction/s are you requesting exemption for?

10. Period of exemption required: From (date) until (date)
11. Reason/Motivation for the exemption (attach supporting documentation where possible)

12. Have you considered other alternative water sources (borehole/wellpoint/springwater/grey water/treated effluent, etc)? Please elaborate.

13. What practical steps do you intend implementing in an attempt to achieve water savings in your home/business?

14. What other considerations, if any, should be taken into account by the municipality i.r.o. this application?

Applicant's signature:

Date:

FOR OFFICIAL USE ONLY

Zoning

APPROVED:

Yes

No

SPECIAL CONDITIONS IF APPROVED

REASONS FOR DISAPPROVAL

J J SCHOLTZ

MUNICIPAL MANAGER

Signature

Date