



APPLICATION FORM

Residential & business premises

Please forward the completed form to swartlandmun@swartland.org.za or hand it in at your closest Municipal Office

APPLICATION FOR EXEMPTION FROM LEVEL 5 WATER RESTRICTIONS

All fields must be completed. Incomplete applications will be rejected.

1. Name of applicant

2. Identity number

3. Physical address i.r.o. which application is made

4. Erf number

5. If application is made on behalf of a business, provide (1) name and (2) nature of business, as well as (3) physical business address:

6. Contact particulars: Telephone/Cellphone: E-mail (if available):

7. Municipal account number (NB! Attach copy of account to this form)

8. Which restriction/s are you requesting exemption for? Tick the applicable box. Also, on a separate page to be attached to this application, submit written motivation/reasons for an exemption to be granted as applied for.

A	To water/irrigate with municipal drinking water (only nurseries and customers involved in agricultural activities or with historical gardens may apply for exemption)	<input type="checkbox"/>
B	To deviate from the prescribed hours (before 08:00 and after 18:00) for irrigation/watering purposes (only customers making use of alternative, non-potable water resources may apply for exemption)	<input type="checkbox"/>
C	To wash or hose down hard surfaces, walls, roofs or paved areas with municipal drinking water (only users with special needs may apply, such as abattoirs, food processing industries, care facilities, animal shelters and other industries/facilities)	<input type="checkbox"/>
D	To exceed the daily consumption threshold within my/our household, i.e. 60 litres per day* - applicable to domestic consumers only	<input type="checkbox"/>
E	To exceed the monthly 20 kilolitre (20 000 litres) threshold in order not to be fined* - applicable to domestic consumers only	<input type="checkbox"/>
F	To use municipal drinking water for <u>any other purpose</u> not specified above. Specify special need:	<input type="checkbox"/>

*Customers applying for exemption under D or E above, must complete the form on the reverse.

9. Period of exemption required: From (date) until (date)

Applicant's signature: Date:

FOR OFFICIAL USE ONLY

APPROVED: Yes No

SPECIAL CONDITIONS IF APPROVED

J J SCHOLTZ

MUNICIPAL MANAGER

Signature

Date

APPLICATION TO EXCEED DAILY / MONTHLY WATER THRESHOLD

This form is only applicable to customers applying for the daily/monthly threshold to be exceeded. Refer 8D and 8E on reverse.

NOTE: A COMPULSORY SITE INSPECTION WILL BE UNDERTAKEN TO VERIFY THE INFORMATION PROVIDED

1. Motivation/Reason for increased consumption:

2. Number of occupants :

3. List all household names and identification numbers

4. Number of dwellings on property :

5. Business on premises (if applicable) – Explain nature of home business

6. Special occasion START DATE: END DATE:
(Funerals, weddings, cultural events, etc)

DECLARATION BY APPLICANT

I, the undersigned, (Full name) ID No., do hereby declare that

- the facts herein contained are within my personal knowledge, unless indicated otherwise, and to the best of my belief true and correct;
- I am the occupant of the property situate at in respect of which application for increased consumption is made;
- I am aware that, if my application for increased consumption is approved, I will still be liable for payment of the applicable water tariffs due to the increased allocation; and that
- the approval granted herein may at any stage be withdrawn by the Municipality.

SIGNATURE OF APPLICANT:

DATE:

FOR OFFICIAL USE ONLY

Particulars of official who conducted site inspection:

Name: Job title: Date of site visit:

Comments and other problems to be noted and reported (Describe issues that require further intervention)