

THE MSUNDUZI MUNICIPALITY

VALUATION VERIFICATION INQUIRY

4TH Floor, Professor Nyembezi
Centre 341 Church Street
Pietermaritzburg
3201

ERF/UNIT NO. _____ SECTIONAL TITLE NAME: _____

OBJECTOR INFORMATION /
REGISTERED OWNER OF PROPERTY: _____ COMPANY OR CC
REGISTRATION NO. _____

IDENTITY NO. _____

PHYSICAL ADDRESS
OF OWNER _____ CODE _____

POSTAL ADDRESS
OF OWNER _____ CODE _____

TELEPHONE NO. HOME: (_____) _____ WORK: (_____) _____

CELL NO. _____ FAX NO.: (_____) _____

E-MAIL ADDRESS: _____

ACCOUNT NO. _____

MAIN DWELLING					
BEDROOMS:	BATHROOMS:	KITCHEN:	LOUNGE:	DININGROOM:	DININGROOM WITH LOUNGE:
STUDY:	PLAYROOM:	TV ROOM:	LAUNDRY:		
OUTBUILDINGS					
GARAGES:	GRANNY FLATS:	ROOMS:	CARPORTS:	OTHER:	
OTHER					
SWIMMING POOL:	TENNIS COURT:	OTHER:			

	PARTICULARS AS REFLECTED IN THE VALUATION ROLL	CHANGES REQUESTED BY OBJECTOR
DESCRIPTION OF PROPERTY/UNIT NO.		
CATEGORY		
PHYSICAL ADDRESS DOOR NO./FLAT NO.		
EXTENT		
MARKET VALUE		
NAME OF OWNER		

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

SIGNATURE _____ DATE _____

COMMENTS OF THE MUNICIPAL VALUER

NAME OF MUNICIPAL VALUER/ASSISTANT *Delete whichever is not applicable*

SIGNATURE _____ DATE _____