



MUSINA LOCAL MUNICIPALITY

PRIVATE BAG X 611 TEL: 015 534 6100 EXT 6165/6128
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FORM A: RESIDENTIAL (FULL TITLE AND SECTIONAL TITLE USED FOR RESIDENTIAL PURPOSES)

Objection No. []

GENERAL VALUATION ROLL 2019 – 2024

OBJECTION FORM

ERF/UNIT NO..... SUBURB/SCHEMEME NAME.....

PORTION NO.....

Reason for query.....

Table with 5 columns: Registered Owner of Property, Identity No., Company or c.c Registration No., Physical Address the Owner, Code, Postal Address of Owner, Code, Telephone No., Home, Work, Cell, Fax, E-Mail Address.

PROPERTY DETAILS:

PHYSICAL ADDRESS []

CODE: []

EXTENT OF PROPERTY [] M²

MUNICIPAL ACCOUNT NO []

INDICATE NUMBER OR STATE YES/NO IN APPROPRIATE BOX

No. of Bedrooms		No. of Bathrooms		Kitchen		Lounge	
Dining Room		Lounge/ Dining Room		Study		Playroom	
Television Room		Laundry		Separate Toilet			
Other				Other			
Other				Other			

OUTBUILDINGS

No. of Garages		Size of Main Dwelling	M²
Granny Flat / rooms		Size of Outbuilding	M²
Others		Size of other Buildings	M²

OTHER BUILDINGS – ATTACH AS ANNEXURE A

Swimming Pool		Borehole	
Tennis Court		Garden	Good Average Poor
Other		Carport	M²
Other		Other	M²

FENCING

	Front	Back	Side 1	Side 2
Type				
Height				

Drive way: (e.g. Bricks, Pavers)

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Is your property situated in a boomed area or security

Tick

Yes	No

Other features:.....

General condition of the property

(Tick)

Good		Average		Poor	
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Monthly Levy

R	
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Market Information

If your property is currently on the market what is the asking price?

R	
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Offer received

R	
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Name of Agent:
No.

Tel

If your property has been on the market in the past 3 years what was the asking price?

R	
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Offer Received

R	
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SALE TRANSACTIONS (OF OTHER PROPERTIES IN THE VICINITY) USED BY THE OBJECTOR IN DETERMINING THE MARKET VALUE OF PROPERTY OBJECTED TO (IF INSUFFICIENT SPACE PROVED ANNEXURE D)

ERF/UNIT NO	SUBURB/SCHEME NAME	DATE OF SALE	SELLING PRICE

Query Details	Particulars as reflected in the Valuation Roll	Changes Requested
Description of the Property No.		
Extent		
Market Value		
Category		
Name of Owner		

ADVERSE FEATURES AND/OR FURTHER REASONS IN SUPPORT OF THIS QUERY (ANNEXURES CAN BE PROVIDED)

I, FULL NAME:

SIGNATURE:

DATE:

**HEREBY DECLARE THAT THE INFORMATION AND PARTICULARS SUPPLIED
ARE TRUE AND CORRECT TO OUR/ MY KNOWLEDGE**

(To be filled by the Municipal Valuer)

Objection reference No: -

Name of a Municipal Valuer

Signature of Valuer

Date