

MAQUASSI HILLS LOCAL MUNICIPALITY

CLAIM FORM

[A separate form must be completed for each claim against the municipality]

LOGGING OF A COMPLAINT AGAINST A MATTER WITH REGARD TO DAMAGE OF PROPERTY

Name of complainant:			
Identity Number :			
Physical Address:			
Telephone Number:		Fax:	
Cell Number:		Email:	

I wish to record my complaint in respect of the following:

[Detailed description of the loss or damage with supporting documentation must be given in support]

Nature of Claim:

Signature of COMPLAINANT

Date

For Office Use Only:

[To be filled by Municipality]

ACTION TAKEN:	
RESPONDED TO COMPLAINANT: Yes/No	
NAME OF OFFICIAL:	SIGNATURE