



PLEASE SUBMIT THE APPLICATION FORM TO YOUR NEAREST ADMINISTRATION OR SEND IT BY EMAIL TO :
enquiries@overstrand.gov.za

APPLICATION FOR REBATE: B&B and GUESTHOUSE
Local Government: Municipal Property Rates Act, 2004. Section 15

APPLICANT INFORMATION

Owner Surname	
Owner Christian name	
Owner ID Number	
Physical address	
Postal Code	
Postal address	
Postal Code	
Contact telephone number	
E-mail address	
Municipal account number	
Erf number	
Suburb/Town	
Establishment type (B&B, G/House)	
Establishment name	
Number of lettable rooms (Only 3 to 5 Rooms may apply)	
Date of approval (Departure / Re-zoning)	
<i>Copy of the form MUST accompany the application</i>	

DECLARATION BY OWNER

Herewith I _____, ID nr: _____

Declare, with the knowledge of the penalties of perjury that all documents and declarations submitted and attached to this application for rebate, are truthful and correct.

Signed _____ at _____ on _____

In the case of misrepresentation or false declaration, the Municipality reserves the right to refuse the approval of the rebate, to recover any if already granted and may institute appropriate legal action civil or otherwise, against guilty party(ies).

OUTCOME OF APPLICATION

PRINCIPLE CLERK RECOMMEND		NOT APPROVED		SIGNATURE		DATE	
ACCOUNTANT APPROVED		NOT APPROVED		SIGNATURE		DATE	
IF NOT APPROVED PROVIDE REASON							