



Dipaleseng Municipality

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 Balfour, 2410
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Address all correspondence to the Municipal Manager

Date _____

APPLICATION FOR A SITE/CHANGE OF PERSONAL PARTICULARS ON BILLING SYSTEM

APPLICANT DETAILS	SPOUSE DETAILS
SURNAME : _____	SURNAME : _____
FIRST NAMES : _____	FIRST NAMES : _____
SITE NUMBER & EXT : _____	SITE NUMBER & EXT : _____
ID NUMBER : _____	ID NUMBER : _____
TEL/CELL NO. : _____	TEL/CELL NO. : _____
EMPLOYMENT STATUS : _____	EMPLOYMENT STATUS : _____
MARITAL STATUS : _____	MARITAL STATUS : _____
POSTAL ADDRESS : _____ _____ _____	POSTAL ADDRESS : _____ _____ _____

DETAILS OF PREVIOUS OCCUPANTS

NAME & SURNAME	
ID NUMBER	
PRESENT ADDRESS	
TEL/CELL NO.	

REASON FOR APPLICATION

I DECLARE THAT THE ABOVE IS TRUE AND CORRECT FALSE INFORMATION MAY DISQUALIFY MY APPLICATION.

SIGNATURE OF APPLICANT _____ ADMIN. OFFICER _____

PREVIOUS OCCUPANT _____ WARD COUNCILLOR _____

APPROVED/NOT APPROVED _____
 DIRECTOR PLANNING AND ECONOMIC DEVELOPMENT