



**WATER RESTRICTIONS: AFFIDAVIT FOR NON-DOMESTIC PROPERTIES  
APPLICATION FOR CONSUMPTION ABOVE RESTRICTION LEVEL**

Please forward the completed application form to [water@capetown.gov.za](mailto:water@capetown.gov.za) or hand it in at your closest municipal walk-in centre.

**Motivation for such an increase**

---



---



---



---



---

**A copy of the business licence must be attached to this affidavit. A compulsory site inspection will be undertaken to verify the information provided.**

**Affidavit**

I, the undersigned, .....(full name),  
ID....., hereby under oath state the following:

- The facts contained in this affidavit are within my personal knowledge, unless indicated otherwise and to the best of my belief true and correct.
- I am an adult male/female residing at:  
.....  
..... (full address)
- Work tel ..... Cell .....  
Email address  
.....
- I am the owner or duly authorised representative of the property situated at:  
.....  
.....  
..... (full address)

Municipal account number ..... (attach copy of account to this affidavit)

**Signature of deponent** \_\_\_\_\_

I certify that the deponent has acknowledged that he/she knows and understands the contents of this affidavit which has been signed and sworn to before me at ..... on this date ....., and that the regulations contained in Government Notice No. R1 258 of 21July 1972 and R1 648 of 19 Aug 1977 have been complied with.

**Commissioner of Oaths** \_\_\_\_\_

Full name ..... Capacity .....

Address ..... Area .....

Direct enquiries to [water@capetown.gov.za](mailto:water@capetown.gov.za).

**For office use: Approved/Declined:** \_\_\_\_\_