



APPLICATION TO INCREASE WATER ALLOWANCE FOR INDIGENT CUSTOMERS

Please forward the completed application form/ enquiries to water@capetown.gov.za or hand it in at your closest Municipal Contact Centre with the following attachments:

- 1) Certified copies of all IDs of household names listed below
- 2) Completed affidavit of all adults in household listed below
- 3) Proof of medical reason (if applicable)

Motivation

Reason/Motivation for this increase: _____

List all household names residing on property and identification number:

A COMPULSORY SITE INSPECTION WILL BE UNDERTAKEN TO VERIFY THE INFORMATION PROVIDED.

Affidavit:

I, the undersigned, (..... (Full name)), ID No. do hereby under oath state the following:

1. The facts contained in this affidavit are within my personal knowledge, unless indicated otherwise, is to the best of my belief true and correct.
2. I am an adult male/female residing at

..... (Insert full address)

Work Phone No Cell No.....

E-mail Address

3. I am the owner of the property situated at:

..... (Insert full address)

Water Account Number (Insert account number)

WATER AND SANITATION DIRECTORATE HEAD OFFICE

8 VOORTREKKER ROAD, CNR OF MIKE PIENAAR BOULEVARD, BELLVILLE 7535 PRIVATE BAG X98, BELLVILLE, 7535
www.capetown.gov.za/water

4. I confirm that there are(Insert number of persons in words and figures) normally accommodated at the above property.

SIGNATURE OF DEPONENT _____

I certify that the deponent has acknowledge that he/she knows and understands the contents of this Affidavit which was signed and sworn to before me aton this date, the regulations contained in Government Notice No. R1258 of 21July, 1972 and R1648 of 19Aug 1977 having been complied with.

SIGNATURE OF COMMISSIONER OF OATHS _____

FULL NAMES.....CAPACITY.....

ADDRESS

For Office Use: Approved

Yes / No

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