

**APPLICATION FOR ADJUSTMENT OF SANITATION
VOLUMETRIC CHARGE (for domestic cluster)**



CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

WDMS_P-R_Form_011

External Copy

Ref No: []

DATE []

A. ORGANISATION OCCUPYING THE PREMISES

Name: []

Name of Building []

Street No: []

Name of Street: []

Suburb: []

Erf: []

Telephone: []

Fax: []

E-Mail: []

Nature of operations carried out on the premises: []

B. REGISTERED OWNER OF PREMISES

Registered Name: []

Postal Address: []

Postal Code: []

Post Box: []

Post Office: []

Postal Code: []

Telephone: []

Fax: []

E-Mail: []

C. RESPONSIBLE OFFICIAL

Name: []

Position: []

Telephone Number: []

D. WATER CONSUMPTION DETAILS

Water Account reference number(s): []

No of persons on site: []

No. of residential units []

Water Meter(s) Numbers: []

Is water from any other source (eg. River, borehole, Treated Effluent or recycled Water) used on the premises? **Yes/No** []

If yes what is this water used for?: []

If this alternative source is used for irrigation, give size of area irrigated: [] m²

Is municipal water used to irrigate a garden or sport field on site? **Yes/No**: []

If yes give size: [] m²

Is water evaporated on site? **Yes/No** []

How is water evaporated? Give details including volume evaporated: []

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APPLICANT I, the Undersigned []
(First name and surname in full in block letters)

- Apply for an adjustment of the commercial/industrial sanitation tariff.
- State that the information supplied supports my claim and is to the best of my knowledge true and correct.
- Undertake to inform the City of Cape Town should the conditions on site change.
- Understand that this adjustment can never be below the domestic sanitation tariff.

Signature:.....

Date: []

| FOR OFFICE USE ONLY (PLEASE PRINT CLEARLY) | | | | |
|---|----------|------------------------|----------|-------------|
| DATE RECEIVED: [] | | APPLICATION REF No [] | | |
| DATE OF INSPECTION: [] | | BY: [] | | |
| Date | Readings | Consumption | Readings | Consumption |
| [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] |
| Sub Total | | [] | [] | [] |
| Total | | [] | [] | [] |
| Daily Average [no of days []] | | [] | [] | [] |

ASSESSMENT

| | Total | % |
|--|-------------------------------------|-----|
| No of people [] | [] | [] |
| Garden [m ² x 2l m ²] | [] | [] |
| Evaporated - [Details] | [] | [] |
| TOTAL % OF MUNICIPAL WATER TO BE CHARGED AS SANITATION CHARGE | [] | [] |
| TO BE COMPLETED BY ADMIN. SECTION | | |
| DATE OF ASSESSMENT LETTER: [] | | |
| APPLICANT NOTIFIED: YES/NO [] | BILLING NOTIFIED: YES/NO [] | |

Name of Inspector/Senior Inspector: []

Signature

Name of Senior/Principal Inspector/SPO: []

Signature