

THE MUNICIPAL MANAGER

Objection no.

BLUE CRANE ROUTE MUNICIPALITY

LODGING OF AN OBJECTION AGAINST A MATTER REFLECTED IN THE GENERAL VALUATION ROLL FOR THE PERIOD 1 JULY 2024 TO 30 JUNE 2029

(COMPLETE A SEPARATE FORM FOR EACH ENTRY OBJECTED TO)

ERF / UNIT NO.

SUBURB / SCHEME NAME

**SECTION 1: OBJECTOR INFORMATION**

1.1 OBJECTOR IS THE OWNER

IDENTITY NO.

COMPANY OR C.C.  
REGISTRATION NO.

PHYSICAL ADDRESS  
OF OWNER

CODE

POSTAL ADDRESS OF  
OWNER

CODE

TELEPHONE NO.:

HOME

WORK

CELL

FAX NO.

E-MAIL ADDRESS

1.2 OBJECTOR **IS NOT** THE OWNER OR MUNICIPALITY IS THE OBJECTOR

NAME OF OBJECTOR

IDENTITY NO.

COMPANY OR C.C.  
REGISTRATION NO.

POSTAL ADDRESS OF  
OBJECTOR

CODE

TELEPHONE NO.:

HOME

WORK

CELL

FAX NR.

E-MAIL ADDRESS

STATUS OF OBJECTOR [eg. Tenant / Pending Purchaser / Municipality, etc.]

1.3 AUTHORISED REPRESENTATIVE OF THE OBJECTOR

NAME OF REPRESENTATIVE

POSTAL ADDRESS

CODE

TELEPHONE NO.:

HOME

WORK

CELL

FAX NO.

E-MAIL ADDRESS

IF A REPRESENTATIVE IS APPOINTED, PROOF OF AUTHORISATION **MUST BE ATTACHED.**

Complete: Erf / unit no..... Area / Scheme Name .....

**PLEASE COMPLETE THE BOTTOM OF EACH PAGE**

**FORM A: RESIDENTIAL [FULL TITLE AND SECTIONAL TITLE USED FOR RESIDENTIAL PURPOSES]**

**SECTION 2: PROPERTY DETAILS (FOR SECTIONAL TITLES SEE SECTION 4)**

PHYSICAL ADDRESS  CODE

EXTEND OF PROPERTY  m<sup>2</sup>

MUNICIPAL ACCOUNT NO.  (If available)

NAME OF BOND HOLDER	REGISTERED AMOUNT OF BOND
<input type="text"/>	<input type="text"/>

(If applicable)

PROVIDE FULL DETAILS OF ALL SERVITUDES, ROAD PROCLAMATIONS OR OTHER ENDORSEMENTS AGAINST THE PROPERTY (If applicable)

SERVITUDE NUMBER	AFFECTED AREA	m <sup>2</sup>
<input type="text"/>	<input type="text"/>	<input type="text"/>
IN FAVOUR OF	<input type="text"/>	
FOR WHAT PURPOSE?	<input type="text"/>	

WAS COMPENSATION PAID? 

YES	NO
-----	----

  
 IF YES:- DATE OF PAYMENT  AMOUNT: R

**SECTION 3: DESCRIPTION OF RESIDENTIAL DWELLING (FOR SECTIONAL TITLES SEE SECTION 4)  
 (INDICATE NUMBER OR STATE YES / NO IN APPROPRIATE BOX)**

**MAIN DWELLING**

No. of bedrooms	<input type="text"/>	No. of Bathrooms	<input type="text"/>	Kitchen	<input type="text"/>	Lounge	<input type="text"/>
Dining Room	<input type="text"/>	Lounge with Dining room	<input type="text"/>	Study	<input type="text"/>	Playroom	<input type="text"/>
Television Rm.	<input type="text"/>	Laundry	<input type="text"/>	Seperate Toilet	<input type="text"/>		<input type="text"/>
Other	<input type="text"/>		<input type="text"/>	Other	<input type="text"/>		<input type="text"/>
Other	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>

**OUTBUILDINGS**

No. of garages	<input type="text"/>	Size of main dwelling	<input type="text"/>	m <sup>2</sup>
Granny Flat / Rooms	<input type="text"/>	Size of outbuilding	<input type="text"/>	m <sup>2</sup>
Other	<input type="text"/>	Size of other buildings	<input type="text"/>	m <sup>2</sup>

**OTHER**

Swimming Pool	<input type="text"/>	Tennis Court	<input type="text"/>
Borehole	<input type="text"/>	Garden	<input type="text"/>
Other	<input type="text"/>	Other	<input type="text"/>

Good      Average      Poor

**FENCING**

	Front	Back	Side 1	Side 2
Type	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Height	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OTHER FEATURES: \_\_\_\_\_

Good	Average	Poor
------	---------	------

Complete: Erf / unit no..... Area / Scheme Name .....

**PLEASE COMPLETE THE BOTTOM OF EACH PAGE**

**FORM A: RESIDENTIAL [FULL TITLE AND SECTIONAL TITLE USED FOR RESIDENTIAL PURPOSES]**

**SECTION 4: SECTIONAL TITLE UNITS**

Scheme number  Name of Scheme  Flat number  Unit Size   
 Door number

INDICATE NUMBER OR STATE **YES / NO** IN APPROPRIATE BOX

No. of bedrooms		No. of Bathrooms		Kitchen		Lounge	
Dining Room		Lounge with Dining room		Study		Playroom	
Television Room.		Laundry		Seperate Toilet			
Other				Other			
Other				Other			

Monthly Levy	R
--------------	---

Details of Exclusive use areas

Swimming Pool	
Tennis Court	
Other	
Other	
Other	

Garage	
Carport	
Open Parking	
Store Room	
Garden	
Other	

**SECTION 5: MARKET INFORMATION**

IF YOUR PROPERTY IS CURRENTLY ON THE MARKET WHAT IS THE ASKING PRICE

	R
Offer Received	R

IF YOUR PROPERTY HAS BEEN ON THE MARKET IN THE LAST 3 YEARS WHAT WAS THE ASKING PRICE

	R
Offer Received	R

NAME OF AGENT

Tel Number

SALE TRANSACTIONS (OF OTHER PROPERTIES IN THE VICINITY)USED BY THE OBJECTOR IN DETERMING THE MARKET VALUE OF PROPERTY OBJECTED TO

ERF / UNIT NUMBER	SUBURB / SCHEME NAME	DATE OF SALE	SELLINGPRICE

**SECTION 6: OBJECTION DETAILS**

	PARTICULARS AS REFLECTED IN THE VALUATION ROLL	CHANGES REQUESTED BY OBJECTOR
DESCRIPTION OF THE PROPERTY / UNIT NUMBER		
CATEGORY		
STREET ADDRESS / DOOR NUMBER / FLAT NUMBER		
EXTENT		
MARKET VALUE		
NAME OF OWNER		

ADVERSE FEATURES AND / OR FURTHER REASONS IN SUPPORT OF THIS OBJECTION (ANNEXURES CAN BE PROVIDED)

Complete: Erf/ Unit No.: .....Area / Scheme Name.....

**PLEASE COMPLETE THE BOTTOM OF EACH PAGE**

**FORM A: RESIDENTIAL [FULL TITLE AND SECTIONAL TITLE USED FOR RESIDENTIAL PURPOSES]**

**SECTION 7: DECLARATION**

Attention is hereby drawn to Section 42(2) of the Act which states that where any Document, Information or Particulars were not provided when required in terms of Subsection 42(1) of the Act and the owner concerned relies on such Document, Information or Particulars in an appeal to an Appeal Board, the Appeal Board may make an Order As To Costs in terms of Section 70 of the Act if the Appeal Board is of the view that the failure to so have provided any such document, information or particulars has placed an unnecessary burden on the functions of the **Municipal Valuer** or the **Appeal Board**.

I / We \_\_\_\_\_ hereby declare that the information and particulars supplied are true and correct.

	Year	Month	Day
Date			

\_\_\_\_\_  
SIGNATURE

**OFFICIAL USE**

**SECTION 8: DECISION OF MUNICIPAL VALUER**

Description of the Property / Unit Number	
Category	
Physical Address / Door No. / Flat No.	
Extent	
Market Value	
Name of Owner	

REASONS OF THE MUNICIPAL VALUER

---



---



---



---



---



---

NAME OF MUNICIPAL VALUER / ASSISTANT MUNICIPAL VALUER  
\*Delete whichever is not applicable

SIGNATURE


DATE

Year	Month	Day

**SECTION 9: NOTIFICATION OF OUTCOME**

VALUATION ROLL ADJUSTED

OBJECTOR NOTIFIED

OWNER NOTIFIED

SECTION 52(1)(a)  
WHERE APPLICABLE

SIGNATURE	DATE

Complete: Erf / Unit No.:.....Area/Scheme Name.....

**PLEASE COMPLETE THE BOTTOM OF EACH PAGE**