

# **BLUE CRANE ROUTE MUNICIPALITY (EC102)**

**FORM A: RESIDENTIAL - APPEAL** 

ADDRESS: PO Box 21, SOMERSET EAST, 5850 / Tel: 042 243 6400

### **CONTACT RERSON:**

Fax: 042 243 3285 Tel: 042 243 6412     OAUTION APPEAL FORM		Ms Verona Gowar veronag@bcrm.gov.za
GV: 2018 SUP: OBJECTION NO: APPEAL NO: FINALE DATE FOR APPEAL:  ORM A: RESIDENTIAL AND SECTIONAL TITLE  ODGING of an Appeal, AFTER an objection was unsuccessful, against a matter reflected in or omitte rom the valuation roll or supplementary valuation roll for the period		Fax: 042 243 3285
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	rom the valuation roll or supplementa	ary valuation roll for the period
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	rom the valuation roll or supplemental COMPLETE IN PRINT: (complete a sep	ary valuation roll for the period
	COMPLETE IN PRINT: (complete a sep ERF NR/ UNIT NR TOWN / SCHEME NAME SUBURB	ary valuation roll for the period
OFFICE USE:	COMPLETE IN PRINT: (complete a sep ERF NR/ UNIT NR TOWN / SCHEME NAME SUBURB	parate form for each entry to appeal)
Date of Appeal hearings: Week:	COMPLETE IN PRINT: (complete a sepon	parate form for each entry to appeal)  Week:
OFFICE USE:  Date of Appeal hearings:	COMPLETE IN PRINT: (complete a sep ERF NR/ UNIT NR TOWN / SCHEME NAME SUBURB  OFFICE USE: Date of Appeal hearings Valuation as on roll	earate form for each entry to appeal)  :

#### **IMPORTANT INFORMATION**

- If you are NOT the person who submitted the appeal, but have been appointed to represent the appellant, then a SIGNED POWER OF ATTORNEY OR RESOLUTION must be included with office stamp as proof of the representatives appointment.
- The valuation office accepts no responsibility for any information not included by the appellant. Applicants must please attach valid reasons, motivating their objection.
- Please note that any Appeals must focus on the valuation and not on the amount payable for rates and taxes.
- Sectional title units must be completed in section 4, and not in section 2.
- Forms without Annexures as requires will be invalid.
- Owners are requested NOT TO POST THE APPEAL FORM unless no alternative is available in which case the envelope needs to be CLEARLY MARKED "Attention: Ms Verona Gowar - Valuation Office".
- Appeal forms can be sent PER E-MAIL OR FAX see details above.
- If you have not received an Appeal number, your Appeal will be invalid.
- Appeals received after closing date will be invalid.
- An Appeal against the valuations will only be **valid if an objection** was submitted and processed with an objection number.
- Owners are advised to submit additional information concerning the appeal and not the same as in the objection.

# **SECTION 1: OBJECTORS INFORMATION**

# 1.1. Objector is the owner

A. NAME AND SURNAME	
B. IDENTITY NUMBER	
C. NAME OF CC.TRUST OR COMPANY	
D . REGISTRATION NR OF CC. TRUST OR COMPANY	
E. TELEPHONE NR	<ul><li>Home</li><li>Work</li></ul>
F. EMAIL ADDRESS (PLEASE PRINT!!)	
G. CELL NR	
H. STREET ADDRESS	
I. POSTAL ADDRESS	

#### 1.2. OTHER OBJECTORS

# 1.2.1. Objector is neither the owner nor the representative

A. NAME OF OBJECTOR	
B. ID NUMBER	
C. NAME OF COMPANY, CC OR TRUST	
D. REGISTRATION NUMBER OF COMPANY, CC or TRUST	
E. TELEPHONE NUMBER OF CONTACT PERSON	
F. E-MAIL ADDRESS OF CONTACT PERSON (PRINT)	
G. POSTAL ADDRESS OF CONTACT PERSON	
H. SIZE OF PROPERTY	
I. STREET ADDRESS OF PROPERTY	
J. MUNICIPAL ACCOUNT NUMBER	

# 1.2.2. Objector is the Municipality

A. NAME OF MUNICIPALITY	
B. ERF NUMBER	
C. AREA	
D . TELEPHONE NUMBER	
E. TELEPHONE NUMBER OF CONTACT PERSON	Home:
	Work:
F. EMAIL ADDRESS OF CONTACT PERSON	
G. STREET ADDRESS OF PROPERTY	
H. SIZE OF PROPERTY	
I. MUNICIPAL ACCOUNT NUMBER	

# 1.3. Authorised Representative of the Appellant

(Proof of Authorisation must be attached)

A. NAME OF OWNER	
B. NAME OF REPRESENTATIVE	
C. CAPACITY	
D. POSTAL ADDRESS	
E. TELEPHONE NUMBER OF CONTACT PERSON	Home:
	Work:
F. CELL NR	
G. EMAIL ADDRESS (Please Print)	

**FORM A: RESIDENTIAL - APPEAL** 

# SECTION 2: PROPERTY DETAILS. (For sectional titles see Section 4)

11101211	DETENCO: (I	OI SCULOII	ar title;	) 3CC JCC	11011 7)	
Undeveloped Property	YES	NO				
A. PROPERTY STREET A	DDRESS					
B. EXTEND OF PROPERT	Υ					
C. MUNICIPAL ACCOUN	T NR					·
D. NAME OF BOND HO	DER (If any)					
E. REGISTERED AMOUN	IT OF BOND					
F. SERVITUDES:						
Provide full details of all	servitude's, r	oad procla	mations	or		
other endorsements						
<ul> <li>SERVITUTE NR</li> </ul>						
AFFECTED AREA						
<ul> <li>IN FAVOUR OF</li> </ul>						
<ul> <li>FOR WHAT PURP</li> </ul>	'OSE					
<ul> <li>WAS COMPENSA</li> </ul>	TION PAID					
SECTION 3 : DESCRIPTION			VELLIN	G (Not fo	or section:	al titles)
. MAIN DWELLING	EXTEND	m²				
				_		
No Bedrooms			_	]		
Television room						
No Bathrooms				•		
Scullary						
No Kitchens						
Seperate Toilet						
Lounge						

Study

Playroom

**Dinning Room** 

Lounge/Living Room

Other						
B. OUTBU	ILDINGS	EXTEND	m²			
A. NUME	BER OF GARAG	GES		Α.		
B. GRAN	NY FLAT			B. Y	N	
C. OTHER	1	EXTEND	m²			
SWIMMI	NG POOL				*****	
BORE HO	LE					
TENNIS C	OURT					
GARDEN				GOOD	AVERAGE	POOR
D. FENCIN	VG					*
TYPE	FRONT	BACK		SIDE 1	SIDE 2	
HEIGHT	FRONT	BACK		SIDE 1	SIDE 2	
A. SCHEN		AL TITLE UNITS				
A. SCHEN						
A. SCHEN	ME NAME					
B. SCHEN	ME NAME		M <sup>2</sup>			
<ul><li>A. SCHEN</li><li>B. SCHEN</li><li>C. DOOR</li><li>D. EXTEN</li></ul>	ME NAME ME NUMBER ( NUMBER			state Yes or No)		
<ul><li>A. SCHEN</li><li>B. SCHEN</li><li>C. DOOR</li><li>D. EXTEN</li></ul>	ME NAME  ME NUMBER (  NUMBER  ID OF UNIT  RIPTION OF U	(ST NR.)		state Yes or No)	N ROOM H.	
<ul><li>A. SCHEN</li><li>B. SCHEN</li><li>C. DOOR</li><li>D. EXTEN</li><li>E. DESCI</li></ul>	ME NAME ME NUMBER NUMBER ID OF UNIT RIPTION OF U	(ST NR.) NIT (Indicate nui				
A. SCHEN  B. SCHEN  C. DOOR  D. EXTEN  E. DESCI	ME NAME ME NUMBER NUMBER ID OF UNIT RIPTION OF U DOMS ROOMS	(ST NR.)  NIT (Indicate nui		H. TELEVISIO	I.	
A. SCHEN  B. SCHEN  C. DOOR  D. EXTEN  E. DESCI  A. BEDRO  B. BATHE	ME NAME ME NUMBER NUMBER ID OF UNIT RIPTION OF U DOMS ROOMS	NIT (Indicate nui A. B.		H. TELEVISIO	I.	

#### FORM A: RESIDENTIAL - APPEAL

F. LOUNGE/ DINING	F.	M. OTHER	M.
G. PLAYROOM	G.	N. OTHER	N.

R

#### **G. DETAILS OF EXCLUSIVE USE AREAS**

SWIMMINGPOOL	YES	NO	
TENNIS COURT	YES	NO	
GARAGE	YES	NO	
CARPORT	YES	NO	-
OPEN PARKING	YES	NO	
STORE ROOM	YES	NO	
GARDEN	YES	NO	
OTHER	YES	NO	
OTHER	YES	NO	

# SECTION 5: IF YOUR PROPERTY IS CURRENTLY ON THE MARKET OR HAS BEEN ON THE MARKET FOR THE LAST 3 YEARS

A. PLACED BY THE OWBER ON THE MARKET	YES	NO	OFFER RECEIVED R	DATE
B. ESTATE AGENCY	YES	NO	OFFER RECEIVED	DATE

# **CONTACT DETAILS OF ESTATE AGENCY**

AGENCY NAME	
TEL/ CELL	

#### SECTION 6: PARTICULARS AS REFLECTED IN THE VALUATION ROLL

A. DESCRIPTION OF PROPERTY	
• ERF NR	
SECT NR	
SECTION NAME	
AREA/TOWN	
B. CATEGORY (As on valuation roll)	

C. STREET ADDRESS	
D. MARKET VALUE AS ON VALUATION ROLL	
E. REQUESTED VALUE	
F. NAME OF OWNER	
	 _
SECTION 7: DECLARATION BY OBJECTOR	

Attention is hereby drawn to Section 42(2) of the Act which states that where any document, information or particulars not provided when required in terms of sub Sec 42(1) of the Act and the owner concerned relies on such document, information or particular's in appeal to an Appeal Board, the Appeal Board may make an order as to cost in terms of section 70 of the Act If the Appeal Board is of the view that the failure to provide any such document, information or particulars has placed an unnecessary burden on the function of the

Municipal Valuer or the Appeal Board.

	I/we			hereby declare
	that the infor	mation and particulars so	upplied are true and correct.	_ ·
DATE:				
YEAR	DAY	MONTH		

#### **OFFICIAL USE**

**SIGNATURE:** 

ERF NO, UNIT NO, FARM NO:	
FARM NAME AND FARM DISTRICT	
CATEGORY	
MARKET VALUE	R
EXTENT	m²
OWNER	
MUNICIPAL VALUER DECISION (SEE ATTACHED OUTCOME)	
MUNICIPAL VALUER: DDP VALUERS	
DATE OF VALUATION	

#### FORM A: RESIDENTIAL - APPEAL

DATE REASON REQUESTE	D				
DATE OF APPEAL					
SECTION 8 : DECISION O				JER	
VALUATIONS ADJUSTED		GV/SUP : R		ADJSUTED: R	FINAL VALUE: R
OBJECTOR/ APPELANT NO	TIFIED	YES	NO	<u></u>	
OWNER NOTIFIED		YES	NO		
MUNICIPAL OFFICIAL	NAM	E:			
CAPACITY				<u></u>	
SIGNATURE					

DATE OF OBJECTION

DATE