

HIBISCUS COAST MUNICIPALITY

P O Box 5
PORT SHEPSTONE 4240

Tel: (039) 312-8319
Fax: (039) 317-3342

**APPLICATION FOR PAYMENT OF RATES ANNUALLY for 20011/2012
In terms of the Hibiscus Coast Rates Policy read with Section 26(1) (b) of
the Municipal Property Rates Act No, 6 of 2004**

PLEASE POST, DO NOT FAX

I/We _____

I.D. No. _____

Postal address _____

E-mail address _____

Telephone No. _____

Being the Registered Owner/s of Lot _____

Account No: _____

Hereby apply to enter into an Agreement with the Hibiscus Coast Municipality to pay the

Annual Assessment Rates in **ONE PAYMENT** and that such payment shall be paid on or before

the **30 th DAY OF SEPTEMBER 2011**

It is accepted that should this agreement not be strictly adhered to, interest in terms of the tariff of charges will be levied.

NB Final date for return of Application is **30 JUNE 2011**

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DATE

SIGNATURE OF APPLICANT

OFFICIAL USE

Account No: _____ System updated _____

Applicant notified on _____ Signature _____