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WATER RESTRICTIONS: EXEMPTION APPLICATION

APPLICANT NAME			
BUSINESS NAME			
TEL NUMBER			
APPLICANT ADDRESS			
MUNICIPAL ACCOUNT NO			
E-MAIL ADDRESS			
ADDRESS WHERE EXEMPTION IS APPLIED FOR (if different to Applicant's Address)			
ERF NUMBER			
PURPOSE / REASON FOR APPLICATION			
DATE WHEN ACTIVITY WILL TAKE		ALTERNATE DATE:	
DURATION in HOURS (how long will the activity take place)		TIME OF DAY (when activity will take place)	From To
DATE OF APPLICATION		APPLICANT SIGNATURE	

APPROVED/DECLINED: _____

DATE: _____

COMMENTS:

We Trust that you will use water responsibly and wisely at all times

PLEASE ENSURE THAT A COPY OF THIS EXEMPTION IS AVAILABLE FOR INSPECTION