

SUPPLEMENTARY VALUATION REVIEW FORM

RESIDENTIAL PROPERTY

The Valuation Office will mail an acknowledgement of receipt letter within four weeks of receipt of a review form. Should you not receive such a notification kindly contact the Customer Care Centre on 041-506 5555

RETURN THE COMPLETED FORM TO:

**THE CITY MANAGER
NELSON MANDELA BAY MUNICIPALITY**

Postal Address:
P.O. BOX 834
Port Elizabeth
6000

E-MAIL: customercare@mandelametro.gov.za

ERF/UNIT NO. Suburb / Allotment:

Reason for query
(Please note with any query reasons should be provided and examples)

| | | | |
|------------------------------|------|----------------------------------|------|
| Registered Owner of Property | | | |
| Identity No. | | Company or c.c. Registration No. | |
| Physical Address of Owner | | | Code |
| Postal Address of Owner | | | Code |
| Telephone No. | Home | Work | |
| | CELL | FAX | |
| E-Mail Address | | | |

PROPERTY DETAILS:-

If Sec Title Scheme: Unit No.
Scheme Name

EXTENT OF PROPERTY M²

MUNICIPAL ACCOUNT NO (If available)

INDICATE NUMBER OR STATE YES/NO IN APPROPRIATE BOX

| | | | |
|-----------------|--------------------|-----------------|----------|
| No. of Bedrooms | No. of Bathrooms | Kitchen | Lounge |
| Dining Room | Lounge/Dining Room | Study | Playroom |
| Television Room | Laundry | Separate Toilet | |
| Other | | Other | |
| Other | | Other | |

Complete: Erf No Area

PLEASE COMPLETE THE BOTTOM OF EACH PAGE

| | | | | |
|---------------|--|----------|--|----------------|
| Swimming Pool | | Dwelling | | M ² |
| Tennis Court | | Garage | | M ² |
| Other | | Carport | | M ² |
| Other | | Other | | M ² |

| Query Details | | Changes Requested |
|---------------------------------|--|-------------------|
| Description of the Property No. | | |
| Sec Title Scheme Name | | |
| Unit No. | | |
| Extent | | |
| Market Value | | |
| Category | | |
| Name Of Owner | | |

| | Market Research Property 1 | Market Research Property 2 |
|---------------------------------|----------------------------|----------------------------|
| Description of the Property No. | | |
| Sec Title Scheme Name | | |
| Unit No. | | |
| Extent | | |
| Sale Date | | |
| Selling Price | | |

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

I, FULL NAME:

SIGNATURE:

DATE:

HEREBY DECLARE THAT THE INFORMATION AND PARTICULARS SUPPLIED ARE TRUE AND CORRECT TO OUR/MY KNOWLEDGE

Complete: Erf No Area

PLEASE COMPLETE THE BOTTOM OF EACH PAGE

OFFICIAL USE

SECTION 8: DECISION OF MUNICIPAL VALUER

| | |
|--------------------------------------|--|
| DESCRIPTION OF THE PROPERTY/UNIT NO. | |
| CATEGORY | |
| PHYSICAL ADDRESS/DOOR NO./FLAT NO. | |
| EXTENT | |
| MARKET VALUE | |
| NAME OF OWNER | |

REASONS FOR THE MUNICIPAL VALUER

NAME OF MUNICIPAL VALUER/ASSISTANT MUNICIPAL VALUER*
Delete whichever if not applicable

SIGNATURE:

| |
|--|
| |
| |

DATE

| YEAR | MONTH | DAY |
|------|-------|-----|
| | | |
| | | |

SECTION 9: NOTIFICATION OF OUTCOME

| | SIGNATURE | DATE |
|-----------------------------------|-----------|------|
| VALUATION ROLL ADJUSTED | | |
| OBJECTOR NOTIFIED | | |
| OWNER NOTIFIED | | |
| SECTION 52(1)(a) WHERE APPLICABLE | | |

Complete: Erf No Area

PLEASE COMPLETE THE BOTTOM OF EACH PAGE