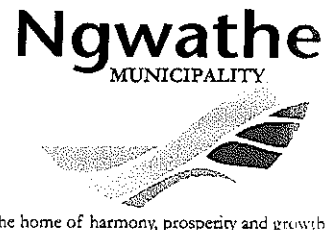


Physical address:
 Liebenbergstrek
PARYS
 9585
 Tel: +27 (0) 56 811 2131
 Fax: +27 (0) 56 811 2046
 e-mail:cfoadmin@ngwathe.co.za

DISPUTES AND COMPLAINTS



INITIATION FORM

PLEASE COMPLETE IN BLOCK LETTERS

APPLICANT DETAILS

Title: _____ Initials: _____ Date of birth: _____

Full Name and Surname or
 Trust/Company name : _____

Identity Number : _____ Gender: M / F

Company or Trust Number: _____

Municipal Account Number : _____

ERF Number : _____

Street Address : _____

_____ Postal Code _____

Postal Address : _____

_____ Postal Code _____

Cellular phone number : _____

E-mail address : _____

NB!!!!!! Please attach a copy of your latest Municipal Account.

BASIS OF DISPUTE OR COMPLAINT

(Mark with an X)

Services	Billing / Reading	Misallocation of payment
Electricity		
Water		
Other	X	

DESCRIPTION: Nature and basis of complaint or dispute (include date of occurrence and any supporting evidence available)

(Provide separate addendum if the space is not adequate)

Please see Addendum A and B attached

I, _____, the undersigned property owner / tenant/ duly authorized official of Trust/Company, hereby wish to register my dispute / complaint as detailed above with Ngwathe Local Municipality

Signature

Date

FOR OFFICE USE ONLY

Name of receiving official: _____

Signature: _____

Date of receipt: _____

DOCUMENTS TO ACCOMPANY THIS APPLICATION

- 1) The Municipal account alleged to be in dispute
- 2) Current Monthly Bill
- 3) ID Document of the owner/Proof of registration of Trust/Company
- 4) Proof of Residence of owner or authorized agent
- 5) Evidence supporting the dispute
- 6) Any other relevant information that may be required

DISPUTES, COMPLAINTS AND APPEAL PROCEDURES

- 1) Consumer must initiate the complaint or dispute by completing this Complaint/ Dispute Initiation form and lodge same with the Municipality

- 2) The dispute must be submitted within thirty (30) days of its arisal by email using the contact details at the top of this letter or lodgement thereof by hand at the nearest Municipal Office's Customer Services Department.
- 3) The dispute must relate to a specific amount on the account, amounts not in dispute must be paid in full.
- 4) A query or proven tampering charges is not regarded as a dispute
- 5) The consumer has the right to appeal to the Municipal Manager or his/her Authorised Delegate against the decision of the of the CFO or his/her Authorised Delegate. The Municipal Manager or his/her Authorised Delegate may hear representations and make a decision that is binding.
- 6) A cosumer whose rights are affected by the decision of the CFO or his/her Authorised Delegate should appeal to the municipal manager in terms of Section 62 of the Municipal Systems Act in writing against that decision by completing and lodging the prescribed form within 30 days of the date of notification of the decision.
- 7) Objections and Appeals to property valuations and disputes regarding the General Valuation Roll must be submitted to the Municipal Valuator in the form of an objection or appeal as envisaged by Sections 50 and 54 of the Municipal Property Rates Act.
- 8) The Municipality will, on receipt of the complaint or dispute, conduct an investigation to verify the validity of the complaint against the amount alleged to be in dispute and revert back to the customer within 30 working days;
- 9) The Municipality may elect the Consumer's billing address in the Municipal system as address to which to forward its decision and if it is sent by normal mail, it will be deemed to have come to the knowledge of the requester within 14 (fourteen) days after it has been dispatched, and, if sent by email, within 48 (forty-eight) hours after it has been sent electronically.
- 10) Notwithstanding the provisions of clause 9 above, it remains the responsibility of the consumer/complainant to enquire as to what the outcome of the investigation into the complaint is in the event of him/her not receiving a response after 30 days.

OUTCOME OF INVESTIGATION

Dispute findings: _____

Resolution:

Official Initial and Surname _____ Signature: _____

Date: _____

