

**CONSENT FORM FOR THE APPLICATION OF A ROAD CLOSURE FOR
THE SUBURB OF WOODMEAD / KHYBER ROCK Reg no 277**

TO WHOM IT MAY CONCERN
CITY OF JOHANNESBURG

Dear Sirs

RE: SECURITY ACCESS RESTRICTION APPLICATION FOR THE TEMPORARY CLOSURE of WOODMEAD and KHYBER ROCK suburbs IN TERMS OF SECTION 45 OF THE RATIONALISATION OF LOCAL GOVERNMENT AFFAIRS ACT 10 OF 1998

I/We the undersigned:

- * are aware of the proposed application;
- * Hereby support the renewal of the closure;
- * have read and understood the application.
- * support the application for the reasons set out in the application.

My contact details are as follows:

FULL NAME (S): _____

ADDRESS OF PROPERTY: _____

SPECIFY IF OWNER/ RESIDENT/OCCUPIER/TENANT OR EMPLOYEE: _____

HOME TELEPHONE NUMBER: _____

WORK TELEPHONE NUMBER: _____

CELLPHONE NUMBER: _____

EMAIL ADDRESS: _____

SIGNED _____ **DATED** _____

NB: (if more than one person is living / working in the same premises please complete form over page).

The street address must be the same as above.

The home telephone number must be the same as above.

Full Name (s) _____

SPECIFY IF OWNER/ RESIDENT/OCCUPIER/TENANT OR EMPLOYEE _____

WORK TELEPHONE NUMBER: _____

CELLPHONE NUMBER: _____

EMAIL ADDRESS: _____

SIGNED _____

DATED _____

Full Name (s) _____

SPECIFY IF OWNER/ RESIDENT/OCCUPIER/TENANT OR EMPLOYEE _____

WORK TELEPHONE NUMBER: _____

CELLPHONE NUMBER: _____

EMAIL ADDRESS: _____

SIGNED _____

DATED _____

Full Name (s) _____

SPECIFY IF OWNER/ RESIDENT/OCCUPIER/TENANT OR EMPLOYEE _____

WORK TELEPHONE NUMBER: _____

CELLPHONE NUMBER: _____

EMAIL ADDRESS: _____

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DATED _____

Full Name (s) _____

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WORK TELEPHONE NUMBER: _____

CELLPHONE NUMBER: _____

EMAIL ADDRESS: _____

SIGNED _____

DATED _____