



Ratepayers Detail Form

First Name: _____ Last Name: _____

Alive : _____

Deceased : _____

Assessment Number: _____

Address: _____

Home Phone: _____ Mobile: _____

Email Address: _____

TIN NUMBER:

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Property Occupied By: _____

No of Rented Flats: _____

Name of Business (If any): _____

No of People Occupying the Property (Home): _____

Occupation: _____

Name of Employer: _____

Reasons for non- payment:

Ratepayers Signature: _____ Date: ____ / ____ / ____