



No__G____

REGISTRATION OF GREYWATER / REGISTRASIE VAN GRYSWATER

PLEASE COMPLETE APPLICATION FORM: (ALL FIELDS ARE COMPULSORY)

TYPE OF GREYWATER USEAGE: RESIDENTIAL / COMMERCIAL/ PUBLIC BUILDING (Schools/Hospitals/
 Government Buildings)

SURNAME/NAME (Owner of Property): _____

BUSINESS NAME* (if applicable) _____ **TEL** _____

PHYSICAL ADDRESS: _____ **E M A I L :** _____

S U B U R B : _____ **ERF NUMBER:** _____

PURPOSE FOR USAGE OF GREYWATER (Garden/ Carwash/ Domestic) _____

ESTIMATED USAGE (KL) /MONTH: _____

MUNICIPAL ACCOUNT NUMBER : _____

SIGNATURE USER OF GREYWATER : _____ **DATE:** _____

I..... herewith acknowledge receipt of the GREYWATER SIGNAGE BOARD NO.....
Print name

and that I will adhere to all prescriptions pertaining to Greywater usage .

Applicants Signature: **Date:**

Please forward your completed application to water.restrictions@stellenbosch.gov.za - also use this email address for any queries further clarity.

NB! A site inspection may be requested to verify compliance with the registration process.