



## REGISTRATION OF DISPUTE FORM IN TERMS OF LOCAL GOVERNMENT: MUNICIPAL SYSTEMS ACT, No. 32 of 2000 and Regulations

Account Number	
Account Holder's Name	
Physical Address	
Item Under Dispute	
Reason for Dispute	
Time Limit for Resolution	10 working days
Office Use	

Submitted By (Full Name):

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Acknowledgement of Receipt on behalf of Mogale City Local Municipality

Full Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



### Instructions for Submission

Once this form has been completed (by hand and in black ink), please make a copy and hand both in at the Revenue Management (Rates Hall) Office, or Cnr Commissioner & Market Street CBD for the attention of Mr Tshiamo Senosi (Manager: Revenue Management). Please make sure that the person signs and stamps both copies and then retains a copy for your own records.

Then, please email a scanned soft copy of this form, your invoice and payment slip to the following addresses, to ensure that your dispute is on record:

- ✓ [tshiamo.senosi@mogalecity.gov.za](mailto:tshiamo.senosi@mogalecity.gov.za)
- ✓ [gontse.ndlovu@mogalecity.gov.za](mailto:gontse.ndlovu@mogalecity.gov.za)
- ✓ [gladys.selepe@mogalecity.gov.za](mailto:gladys.selepe@mogalecity.gov.za)
- ✓ [tidimalo.tlhapane@mogalecity.gov.za](mailto:tidimalo.tlhapane@mogalecity.gov.za)
- ✓ [customercare@mogalecity.gov.za](mailto:customercare@mogalecity.gov.za)