



**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
- ✓ gontse.ndlovu@mogalecity.gov.za
- ✓ gladys.selepe@mogalecity.gov.za
- ✓ tidimalo.tlhapane@mogalecity.gov.za
- ✓ customer-care@mogalecity.gov.za