THULAMELA LOCAL MUNICIPALITY

Roads Services Department

WAYLEAVE APPLICATION FORM

APPLICANT DETAILS

Company Name	
Contact Person	
Contact Numbers	/
Email Address	
Postal Address	…… ……

Signature:…….. **Date:……**

Manager:…….. **Date:……..**

PROJECT DETAILS

Name Of Place	
Application Date	
Work Description	…… …… ……
Affected Area	…… …… (NB! Attach the Sketch)
Affected Area (size)	Length =…….. Width =…….. Depth =……..
Pipe Diameter (mm)	

FOR THULAMELA MUNICIPALITY OFFICE USE ONLY!

Wayleave No. …… of ……

Amount (Rands): ……
Checked By:
Name: ……..

Signature: …… Date: ……
APPROVED / NOT APPROVED
Remarks: ……
……
……