FORM MDB5

WARD DELIMITATION

OBJECTION IN TERMS OF ITEM 5(2) OF SCHEDULE 1 TO THE LOCAL GOVERNMENT: MUNICIPAL STRUCTURES ACT, 1998

Name of municipality
Municipal Code
Name of aggrieved person/institution:
Contact Person:
Address:
Tel.: Cell Number:
Email Address:

PLEASE USE ADDITIONAL PAGE SHOULD THE ALTERNATIVE PROPOSALS BE MORE THAN THE FOLLOWING SPACE AVAILABLE.

I request the Municipal Demarcation Board to consider the following alternative proposals.

Ward Number	The ward comprises of the following voting districts (i.e.Provide the number of voters in brackets, e.g. VD1123453 (1500) + VD3456780 (2500) = 4000)	Motivation

I confirm that

- Each cluster of voting districts for a contiguous ward;
- The number of voters in each ward fall within the minimum and maximum norms allowed per ward;
- The proposed ward boundaries comply, in general, with the criteria.

SIGNATURE	
NAME AND SURNAME	
 DATE	