LANGEBERG
MUNISIPALITEIT MUNICIPALITY MASIPALA

NATURAL DISASTER REVIEW
RESIDENTIAL | COMMERCIAL | AGRICULTURAL

GENERAL VALUATION 2026

(Sectional Title used for residential purposes)

1. MUNICIPAL DETAILS

Attention:	The Municipal Manager
Municipality:	Langeberg Municipality
Review Number:	

2. PROPERTY DETAILS

Erf / Unit / Farm Number	
Suburb / Scheme Name	
Street Address	
Postal Code	
Property Size (m^2)	
Municipal Account Number	

3. OWNER DETAILS

Full Name / Company Name	
Identity Number	
Company / CC Registration Number	
Physical Address	
Postal Address	

Telephone Number (Home)	
Telephone Number (Work)	
Cellphone Number	
Fax Number	
Email Address	

4. AUTHORISED REPRESENTATIVE (IF APPLICABLE)

If a representative is appointed, proof of authorisation must be attached.

Representative Name	
Postal Address	
Telephone Number	
Cellphone Number	
Email Address	

5. MORTGAGE HOLDER

Name of Mortgage Holder	
Registered Bond Amount	

6. PROPERTY DESCRIPTION

Feature	**Quantity**	**Feature**	**Quantity**
Bedrooms		Bathrooms	
Kitchen		Lounge	
Dining Room		TV Room	
Study		Playroom	
Laundry Room		Separate Toilet	

7. OUTBUILDINGS AND IMPROVEMENTS

Number of Garages	
Main Dwelling Size (m^2)	
Flatlet / Rooms	
Outbuilding Size (m^2)	
Swimming Pool	☐ Yes ☐ No
Tennis Court	☐ Yes ☐ No
Borehole	☐ Yes ☐ No
Garden Condition	☐ Good ☐ Average ☐ Poor
Other Features	

8. FENCING

	Front	**Back**	**Side 1**	**Side 2**
Type				
Height				

9. LAND USE ANALYSIS (AGRICULTURAL)

Usage	**Hectares**	**Condition**	**Remarks**
Non-agricultural related			
Grazing			
Under Irrigation			
Dry Land			
Permanent Crops			
Other:			

10. REVIEW DETAILS

Description	As Appearing on Valuation Roll	Natural Disaster Damage / Review
Property / Unit Number		
Zoning		
Street Address		
Size		
Market Value		
Owner Name		

11. ADVERSE FEATURES / MOTIVATION

Provide full reasons in support of this review. Attachments such as photographs, insurance reports, engineering reports, or other relevant documentation.

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12. DECLARATION

I / We hereby declare that the information and details provided are true and correct.

Applicant Name	
Date	
Signature	

13. OFFICIAL USE

Decision of the Municipal Valuer

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Name of Municipal Valuer	
Signature	
Date	
Applicable Section	