

**CONSENT FORM FOR THE APPLICATION FOR THE ROAD CLOSURE OF ELIZABETH AVENUE (AT THE JUNCTION OF ELIZABETH AVENUE AND 12TH AVENUE)
AND
THE CLOSURE OF AUTUMN ROAD (AT THE JUNCTION OF AUTUMN ROAD AND RIETFONTEIN ROAD)
AND
THE SECURITY ACCESS RESTRICTION LOCATED ON RIETFONTEIN ROAD.
RIVONIA EXT 1 and RIVONIA EXTENSION 19**

PLEASE COMPLETE THIS FORM, PLEASE PRINT CLEARLY – AND USE BLACK INK TO COMPLETE. Please drop completed Forms at No. 11 Vickers Avenue Corner Rietfontein Road Rivonia Woods in the box on the gate.

To whom it may concern
City of Johannesburg

Dear Sirs

RE: SECURITY ACCESS RESTRICTION APPLICATION FOR THE TEMPORARY CLOSURE OF Elizabeth Avenue (at the junction of 12th Avenue) Rivonia Extension 1, the JRA closure of Autumn Road (at the junction of Rietfontein Road) Rivonia Extension 19 and the security access restriction on Rietfontein Road Rivonia Extension 1 IN TERMS OF SECTION 45 OF THE RATIONALISATION OF LOCAL GOVERNMENT AFFAIRS ACT 10 OF 1998

I/We the undersigned:

- * are aware of the proposed application;
- * Hereby support the renewal of the closure;
- * have read and understood the application.
- * support the application for the reasons set out in the application.

My contact details are as follows:

FULL NAME (S): _____

ADDRESS OF PROPERTY: _____

SPECIFY IF OWNER/ RESIDENT/OCCUPIER/TENANT OR EMPLOYEE: _____

HOME TELEPHONE NUMBER: _____

WORK TELEPHONE NUMBER: _____

CELLPHONE NUMBER: _____

EMAIL ADDRESS: _____

signed _____ dated _____

(if more than one person living / working in the same premises please see over page)

The street address must be the same as above

The home telephone number must be the same as above

Full Name (s) _____

SPECIFY IF OWNER/ RESIDENT/OCCUPIER/TENANT OR EMPLOYEE _____

WORK TELEPHONE NUMBER: _____

CELLPHONE NUMBER: _____

EMAIL ADDRESS: _____

signed _____ dated _____

.....
Full Name (s) _____

SPECIFY IF OWNER/ RESIDENT/OCCUPIER/TENANT OR EMPLOYEE _____

WORK TELEPHONE NUMBER: _____

CELLPHONE NUMBER: _____

EMAIL ADDRESS: _____

signed _____ dated _____

.....
Full Name (s) _____

SPECIFY IF OWNER/ RESIDENT/OCCUPIER/TENANT OR EMPLOYEE _____

WORK TELEPHONE NUMBER: _____

CELLPHONE NUMBER: _____

EMAIL ADDRESS: _____

signed _____ dated _____

.....
Full Name (s) _____

SPECIFY IF OWNER/ RESIDENT/OCCUPIER/TENANT OR EMPLOYEE _____

WORK TELEPHONE NUMBER: _____

CELLPHONE NUMBER: _____

EMAIL ADDRESS: _____

signed _____ dated _____