

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 |
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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