



MATJHABENG MUNICIPALITY  
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## DRAFT RATES POLICY COMMENT FORM

Please note that this is a suggested format

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Policy Sections: \_\_\_\_\_

Policy Inputs: \_\_\_\_\_

Motivation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please drop this form at Municipal offices