



CID INFORMATION FORM

This information form is to be completed as comprehensively as possible so as to assist the Sandown Strathavon CAP committee with the establishment of a City Improvement District (CID).



Please contact us once the form is complete to arrange collection fax to **086 636 4476** or email to **info@scap.org.za**

Property Information	Erf Number	<input type="text"/>	Complex Name	<input type="text"/>		
	Stand/Portion Number	<input type="text"/>	Unit Number	<input type="text"/>		
	Physical Address		Property Type	Ownership Type		
	Street Number	<input type="text"/>			<input type="checkbox"/> Residential	<input type="checkbox"/> Individual
	Street Name	<input type="text"/>			<input type="checkbox"/> Business	<input type="checkbox"/> Joint
		<input type="text"/>			<input type="checkbox"/> Commercial	<input type="checkbox"/> Trust
	Suburb	<input type="text"/>			<input type="checkbox"/> Institution	<input type="checkbox"/> Closed Corporation
	Postal Address	<input type="text"/>	<input type="checkbox"/> School	<input type="checkbox"/> Private Company		
		<input type="text"/>	Registered Owner	<input type="text"/>		
		<input type="text"/>	Registration Number (if applic)	<input type="text"/>		
Ownership	<input type="checkbox"/> Owner Occupied	Armed Response	<input type="checkbox"/> Yes <input type="checkbox"/> No (select option)			
	<input type="checkbox"/> Tenant Occupied	If Yes, Service Provider	<input type="text"/>			
	<input type="checkbox"/> Under Construction	Corner Stand?	<input type="checkbox"/> Yes <input type="checkbox"/> No (select option)			

PLEASE ENSURE THAT A RECENT COPY OF LATEST RATES & TAXES ACCOUNT IS ATTACHED TO THIS FORM

Comments	<input type="text"/>	City Improvement District	Do you support the establishment of an Improvement District in the Sandown Strathavon area?
			<input type="checkbox"/> Yes <input type="checkbox"/> No (select option)
			By signature hereof, I confirm that the information set out on this form is true & correct.
			<input type="text"/>
			Signature
			By/On behalf of Registered Owner

Information - Primary Contact	First Name	<input type="text"/>	ID Number	<input type="text"/>
	Surname	<input type="text"/>	Telephone - Work	<input type="text"/>
	Nickname	<input type="text"/>	Telephone - Home	<input type="text"/>
	Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss. <input type="checkbox"/> Mrs. <input type="checkbox"/> Prof. <input type="checkbox"/> Rev.	Fax - Work	<input type="text"/>
	Prepared to participate in BlockWatch?	<input type="checkbox"/> Yes <input type="checkbox"/> No (select option)	Fax - Home	<input type="text"/>
	Preferred Evening	<input type="text"/>	Cellular Number	<input type="text"/>
	Assist as CID Captain	<input type="checkbox"/> Yes <input type="checkbox"/> No (select option)	Email	<input type="text"/>
			Capacity	<input type="text"/>

Information - Secondary Contact	First Name	<input type="text"/>	ID Number	<input type="text"/>
	Surname	<input type="text"/>	Telephone - Work	<input type="text"/>
	Nickname	<input type="text"/>	Telephone - Home	<input type="text"/>
	Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss. <input type="checkbox"/> Mrs. <input type="checkbox"/> Prof. <input type="checkbox"/> Rev.	Fax - Work	<input type="text"/>
	Prepared to participate in BlockWatch?	<input type="checkbox"/> Yes <input type="checkbox"/> No (select option)	Fax - Home	<input type="text"/>
	Preferred Evening	<input type="text"/>	Cellular Number	<input type="text"/>
	Assist as CID Captain	<input type="checkbox"/> Yes <input type="checkbox"/> No (select option)	Email	<input type="text"/>
			Capacity	<input type="text"/>



Abridged Principal Information

Please list below details for family members resident on the premises as well as for domestic workers and casual employees, whether resident on the premises or not.

Erf

Stand/Portion

Principal Information	First Name	<input type="text"/>	ID Number	<input type="text"/>
	Surname	<input type="text"/>	Cellular Number	<input type="text"/>
	Nickname	<input type="text"/>	Email	<input type="text"/>
	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female (select option)	Capacity	<input type="text"/>

Principal Information	First Name	<input type="text"/>	ID Number	<input type="text"/>
	Surname	<input type="text"/>	Cellular Number	<input type="text"/>
	Nickname	<input type="text"/>	Email	<input type="text"/>
	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female (select option)	Capacity	<input type="text"/>

Principal Information	First Name	<input type="text"/>	ID Number	<input type="text"/>
	Surname	<input type="text"/>	Cellular Number	<input type="text"/>
	Nickname	<input type="text"/>	Email	<input type="text"/>
	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female (select option)	Capacity	<input type="text"/>

Principal Information	First Name	<input type="text"/>	ID Number	<input type="text"/>
	Surname	<input type="text"/>	Cellular Number	<input type="text"/>
	Nickname	<input type="text"/>	Email	<input type="text"/>
	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female (select option)	Capacity	<input type="text"/>

Principal Information	First Name	<input type="text"/>	ID Number	<input type="text"/>
	Surname	<input type="text"/>	Cellular Number	<input type="text"/>
	Nickname	<input type="text"/>	Email	<input type="text"/>
	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female (select option)	Capacity	<input type="text"/>

Principal Information	First Name	<input type="text"/>	ID Number	<input type="text"/>
	Surname	<input type="text"/>	Cellular Number	<input type="text"/>
	Nickname	<input type="text"/>	Email	<input type="text"/>
	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female (select option)	Capacity	<input type="text"/>

Principal Information	First Name	<input type="text"/>	ID Number	<input type="text"/>
	Surname	<input type="text"/>	Cellular Number	<input type="text"/>
	Nickname	<input type="text"/>	Email	<input type="text"/>
	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female (select option)	Capacity	<input type="text"/>