# RAY NKONYENI MUNICIPALITY

## ESTATES ADMINISTRATION-SITE INSPECTIONS

INSPECTING OFFICIALS
NAME(S):_____

ADDRESS/ERF NO:_____

DATE: _____

TIME: _____

REASON FOR INSPECTION:_____

COMMENTS BY OFFICIAL:_____

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VEHICLE USED & OWNER:_____

ODOMETER READING AT START OF TRIP:_____

ODOMETER READING AT END OF TRIP:_____

KILOMETRES TRAVELLED:_____

SIGNATURE BY MANAGER: ESTATES_____

SAHA
ARCHIVE FOR JUSTICE