

The background of the entire page is a scenic landscape photograph. It shows rolling green hills in the foreground, leading up to a range of rugged mountains in the distance. The sky is a vibrant blue with scattered white clouds. The lighting suggests a bright, sunny day.

ADOPT A SPOT APPLICATION



71 York Street, George



044 801 9111



gmun@george.gov.za



www.george.gov.za



APPLICATION FORM: ADOPT-A-SPOT PROGRAMME

Collaborator number: _____

Date: _____

Name of applicant or organisation: _____

Identity number or company registration number: _____

Physical address: _____

Postal address: _____

Telephone number: _____

Cell phone number: _____

Email address: _____

Location of the proposed project: _____

Erf number: _____

Portion: _____

Suburb: _____

Ward: _____

Region: _____

Summary description of the proposed project:

Applicant signature: _____

Date: _____

CONCURRENCE COMMENTS AND MESSAGES OF SUPPORT

Comments by ward councillor (if required)

Name and surname of ward councillor		Region and ward	Date
Signature of ward councillor		Contact details	
Remarks:	<hr/> <hr/> <hr/> <hr/>		

SUPPORTED/NOT SUPPORTED

Comments by parks and horticulture official: Region _____

Name and surname of regional official		Designation of regional official	Date
Signature of regional official		Contact details	
Remarks:	<hr/> <hr/> <hr/> <hr/>		

SUPPORTED/NOT SUPPORTED

For office use only

	Required documents	Attached	
		Yes	No
1.	Application letter/expression of interest letter		
2.	Copy of identity document of the applicant/registration certificate of the organisation or business/power of attorney and company resolutions/annual general meeting minutes		
3.	Copy of previous projects' contracts and evidence		
4.	Proof of residential/business address		
5.	Copy of deed search/title deed/ownership certificate confirming ownership of the property		
6.	Copy of the zoning certificate		
7.	Copy of property description and a locality map		

Name and surname of receiving official	Designation of receiving official	Date
Signature of receiving official	Contact details	
Remarks:		

APPROVAL

 Dr M Gratz
 CHAIRPERSON: ADOPT-A-SPOT COMMITTEE

Date _____

APPROVED/NOT APPROVED/APPROVED AS AMENDED

