

# APPLICATION TO RESTRICT ACCESS FOR SAFETY AND SECURITY PURPOSES

Name of property owner: \_\_\_\_\_

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

Erf No (if known): \_\_\_\_\_

Zoning (if known): \_\_\_\_\_

**I confirm that I am aware of the proposed access restriction application and that I support it**

NAME	CONTACT NO	Owner	Tenant	Other	Signature

DATE \_\_\_/\_\_\_/\_\_\_

Details of crimes that have occurred within the enclosed area within the last 2 years as result of which the above mentioned property and/or persons have been directly affected and the reasons why they support it:

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