



PUBLIC COMMENT SUBMISSION FORM

Project Details

Project/Application: Draft Municipal Spatial Development Framework

Municipality: Gamagara Local Municipality

Reference Number (if applicable): 2026/141

Public Participation Period: From 15 June 2026 To 13 August 2026

Personal Details of Commentator

Full Name: _____

Organisation/Company (if applicable): _____

Postal Address: _____

Contact Number: _____

Email Address: _____

Preferred Method of Communication: Email / Telephone / Post / Other

Interest in the Matter

Affected Property Owner / Adjacent Property Owner / Resident / Business Owner / Community Organisation / Government Department / Interested and Affected Party / Other

Comments / Objections / Support

[illegible]

Recommendations / Suggested Mitigation Measures

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Supporting Documents

Have you attached any supporting documents? Yes / No

If yes, please specify: _____

Declaration

I hereby declare that the information provided in this submission is true and correct to the best of my knowledge.

Name: _____

Signature: _____

Date: _____

For Official Use Only

Comment Reference Number: _____

Date Received: _____

Received By: _____

Method Received: Email / Hand Delivery / Post / Online Submission / Other

Comment Captured By: _____

Date Captured: _____