

NZEMA EAST MUNICIPAL ASSEMBLY



**CLIENT SERVICE UNIT (CSU)
ENQUIRY RESPONSE FORM**



Date:..... Time.....

Name of Client:		Client (or Proxy) Contact Details (Address/Tel.no/Location / e-mail/Community)	
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RESPONSE TO ENQUIRY

	Sign:	
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<i>Comments/Notes by Head of CSU</i>	
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	Sign:	
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<i>Comments/Notes / Endorsement by Administrative Head (CD/RCD/MMDCD)</i>	
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Date:		Sign:	
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