



NZEMA EAST MUNICIPAL ASSEMBLY

CLIENT SERVICE UNIT (CSU)

VISITORS FORM



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

NAME OF CLIENT	:	<input type="text"/>		
CONTACT DETAILS	:	<input type="text"/>		
LOCATION	:	<input type="text"/>		
GENDER	:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
VULNERABILITY	:	Not Disabled <input type="checkbox"/>	Aged <input type="checkbox"/>	Disabled <input type="checkbox"/>
PURPOSE OF VISIT	:	<input type="text"/>		
TIME (IN)	:	<input type="text"/>	TIME (OUT):	<input type="text"/>



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