



Home and Community Composting in the Municipality of Arganil

REGISTRATION FORM

PERSONAL OR INSTITUTIONAL INFORMATION

Name:	
Street Name:	House No.:
Town:	Zip Code:
Parish:	
Phone:	Email:
Water Consumer No.:	Meter No.:

Housing Information*:

☐ Cottage; ☐ Semi-detached ☐ Other house;

Approximate area of garden/yard/land (m2): _____

No. of people in the Household: _____

☐ I acknowledge to have the necessary space to accommodate this equipment (1m2 outdoors)

☐ I am aware that the Municipality of Arganil complies with the General Data Protection Regulation regarding the collection and processing of data. The collected data is exclusively intended for the processing of this application. For more information contact dpo@cm-arganil.pt.

Signature of applicant:
Date:

Validation/Signature of the Municipality's Technician:
Date:

*Not necessary to be filled in by the Entities

Note: This registration form must be delivered to the one-stop shop of the Municipality of Arganil or via email to: ambiente.saude@cm-arganil.pt

26/08/2021