

Social Action

Dear Mr.

President of the City Council of Arganil

Application No. _____

Process No. _____

IDENTIFICATION OF THE APPLICANT

NAME: _____

TAX ID _____ SOCIAL SECURITY NUMBER _____

TELEPHONE CONTACT(S) _____ | _____

EMAIL _____

ADDRESS _____

LOCALITY _____

ZIP CODE _____ - _____

SUBJECT

Taking into account the social action services of this municipality, I hereby request you:

<input type="checkbox"/>	SOCIAL SERVICE
<input type="checkbox"/>	"ARGANIL SOLIDÁRIA" (SOLIDARY ARGANIL) PROJECT- ARGANIL SOCIAL STORE
<input type="checkbox"/>	ABEM PROGRAMME: MEDICINE SOLIDARITY NETWORK
<input type="checkbox"/>	FIRE SUPPORT 2017
<input type="checkbox"/>	LOCAL INTEGRATED MIGRANT RECEPTION CENTRE - CLAIM
<input type="checkbox"/>	EMIGRANT SUPPORT OFFICE – GAE (GABINETE DE APOIO AO EMIGRANTE)
<input type="checkbox"/>	OTHER. WHICH ONE? _____

REQUEST/SITUATION DESCRIPTION

DOCUMENTS (IF APPLICABLE)

Attaches the following documents:

STATEMENT ON OATH

I HEREBY STATE ON OATH THAT ALL THE INFORMATION PROVIDED BY ME IN THIS FORM IS TRUE.

DATA PROTECTION

I AM AWARE THAT THE MUNICIPALITY OF ARGANIL COMPLIES WITH THE GENERAL DATA PROTECTION REGULATIONS REGARDING THE COLLECTION AND PROCESSING OF DATA. THE DATA COLLECTED IS INTENDED SOLELY FOR THE PROCESSING OF THIS APPLICATION. FOR FURTHER INFORMATION PLEASE CONTACT: dpo@cm-arganil.pt

**ASK FOR APPROVAL,
THE APPLICANT**

SIGNATURE _____ **DATE** ____/____/____

ORDER:

Granted Dismissed Forwarded

TO BE COMPLETED BY THE SERVICES

I AM AWARE,
