

Water Contract Termination Application

CONTRACT HOLDER	
Name:	
Address:	
VAT No.:	
Zip Code:	Town:
Citizen Card/ ID No.:	Expiry Date:
Telephone:	Email:

SUBJECT OF THE APPLICATION

The undersigned requests the termination of the water contract No. _____, of Area No. _____, from the day (mention date and reason): ____/____/____

PLACE OF CONSUMPTION	
Name:	
Address:	
Town:	Parish:
Zip Code:	

Meter No.	Size	Brand	Reading

Arganil, ____ of _____ of 20 ____

The Applicant,

TO BE FILLED IN BY THE SERVICES			
Paid € _____, payment slip No. _____, the employee _____			
ENTRY	INFORMATION OF SERVICES	ORDER/DECISION	
Request No.		GRANTED	
Date		DENIED	
Contract No.:		Date	The President
		____/____/____	_____

The Municipality of Arganil complies with the General Data Protection Regulations regarding the collection and processing of data. The data collected is intended exclusively for the processing of this application. For further information please contact rgpd@cm-arganil.pt