

Various Requests

IDENTIFICATION OF THE APPLICANT			
Name:			
Address:			
Zip Code:		Town:	
Citizen Card/ ID No.:	Expiry Date:	Place of Issue:	
VAT No.:			
Title of the Holder*:			
Telephone:		Email:	

*Owner / Tenant / User / Other

SUBJECT OF THE APPLICATION			
Area/Consumer No.	Meter No.	Reading	
Complaints	Repair Request	Meter Calibration	Other Matters

TO BE FILLED IN BY THE SERVICES			
DAS* Installations	Telephone	Internet	

*Departamento de Águas e Saneamento (Water and Sanitation Department)

You are here by requested to:

Arganil, ____ of _____ of 20____

The Applicant

TO BE FILLED IN BY THE SERVICES			
Paid € _____, payment slip No. _____, the employee _____			
ENTRY		INFORMATION OF SERVICES	
Request No.			
Date			
Contract No.:			



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