

**APPLICATION FOR PIT CLEANING**

IDENTIFICATION OF THE APPLICANT		
Area/Consumer Number:	TAX ID.:	
Name:		
Address:		
Zip Code:	Town:	
Citizen Card/ ID No.:	Expiry Date:	Place of Issue:
Title of the Holder*:		
Telephone:	E-mail:	

STATEMENT OF THE REQUEST
<p>I hereby request the cleaning of the pit, located at _____            Parish of _____, Zip Code _____ - _____</p>

Arganil, \_\_\_\_\_ of \_\_\_\_\_ of \_\_\_\_\_

The Applicant,

\_\_\_\_\_

**TO BE FILLED 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](mailto:rgpd@cm-arganil.pt)