

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 hereby 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	ORDER/DECISION
Request No.		GRANTED
Date		DENIED
Contract No.:		Date _____ The President _____

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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