

### 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)

<b>You are here by requested to:</b>  <hr/> <hr/> <hr/> <hr/>
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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.		<b>GRANTED</b>	
Date		<b>DENIED</b>	
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](mailto:rgpd@cm-arganil.pt)