

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:		Email:	

STATEMENT OF THE REQUEST
<p>I hereby request the cleaning of the pit, located at _____ Parish of _____, Zip Code _____ - _____</p> <p>Remarks:</p> <p>1st Visit = € 34.45 + VAT (23%) Each additional visit adds € 31.41 + VAT (23%)</p>

Arganil, _____ of _____ of _____

The Applicant,

TO BE FILLED 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