

Dear Sir
Technical Director of the Municipal Swimming Pool

IDENTIFICATION OF THE APPLICANT

FULL NAME: _____

USER NUMBER _____

USER ID (COMPLETE IF DIFFERENT FROM THE APPLICANT)

FULL NAME: _____

USER NUMBER: _____

SUBJECT

YOU ARE HEREBY REQUIRED:

<input type="checkbox"/>	CLASS CHANGE: DAY: _____ / TIME: _____
<input type="checkbox"/>	JUSTIFICATION OF ABSENCE
<input type="checkbox"/>	CLASS WITHDRAWAL
<input type="checkbox"/>	OTHER: WHICH ONE: _____

REQUEST/SITUATION DESCRIPTION

DOCUMENTS (IF APPLICABLE)

ATTACHES THE FOLLOWING DOCUMENTS

STATEMENT ON OATH

I HEREBY STATE ON OATH THAT ALL THE INFORMATION PROVIDED BY ME IN THIS FORM IS TRUE.

DATA PROTECTION

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 DPO@CM-ARGANIL.PT

THE APPLICANT

SIGNATURE _____

DATE ___/___/___