

**User of the Libraries Network of the
Municipality of Arganil**



Name _____

ID document number _____ / _____

Date of Birth: Month _____ **Year** _____

Address: _____

Zip code: _____ - _____

Contact(s) for notification: Email _____

Phone/Mobile _____

Name of legal representative (for applicants up to the age of 18):

Contact for notification of legal representative

Email: _____ **Phone/Mobile** _____

I have read and accept the Libraries Regulations of the Municipality of Arganil committing myself to comply with and enforce them.

Signature (according to identification document)

Signature of Legal Officer (according to identification document)

I am aware that the Municipality of Arganil complies with the General Data Protection Regulations regarding the collection and processing of data. The data collected is exclusively for the processing of this registration.

For further information please contact dpo@cm-arganil.pt