

FORM FOR REQUEST OF INFORMATION PURSUANT TO THE LEY 19/2013, DE 9 DE DICIEMBRE DE TRANSPARENCIA, ACCESO A LA INFORMACIÓN PÚBLICA Y BUEN GOBIERNO ("ACT 19/2013, OF 9 DECEMBER, ON TRANSPARENCY, ACCESS TO PUBLIC INFORMATION AND GOOD GOVERNANCE")

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FIRST NAME:	3UKNAWE(3)
Document no. (NIF/CIF):	NATIONALITY:
E-MAIL:	TELEPHONE AND <u>FAX:</u>
ADDRESS:	
LOCALITY:	PROVINCE:
INFORMATION REQUESTED:	
IMPORTANT: Do not forget to include a phowithout this will not be processed.	otocopy of your identity document or passport: requests
SUBSEQUENT COMMUNICATIONS: Please specify whether you wish the response to the information request and subsequent communications to be received by letter or by e-mail:	
E-MAIL	ORDINARY POST
<u> </u>	
Signatura	Data
Signature Date	

CLIDNIA NAT/C

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