

REQUEST FOR ACCESS TO INFORMATION

Applicant

Name and surname / Title: _____

Street and number, postal code, city/place: _____

Contact person name and surname: _____

Phone: _____

Email: _____

Other: _____

Number of attachments pages: _____

Data important for information identifying:

Purpose of query:

Select how you want to access information:

- a) Direct provision of information
- b) Insights into documents
- c) Document copy
- d) Provide copies of the required documents
- e) Other

In _____, date _____.

Applicant signature:

Please email request to: **info@itsistemi.com**