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| **ASCENSORES** | | | | | | | | | | | | | | | | | | | | | | |
| A preencher pelos serviços | ENTRADA N.º: | | | | | | |  | | | |  | | | | | | EXMO SENHOR  PRESIDENTE DA CÂMARA MUNICIPAL DE ARMAMAR | | | | |
| REQUERIMENTO N.º: | | | | | | |  | | | |
| DATA: | | | | | | |  | | | |
| PROCESSO N.º: | | | | | | |  | | | |
| O GESTOR PROCº | | | | | | |  | | | |
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| **IDENTIFICAÇÃO DO REQUERENTE:** | | | | | | | | | | | | | | | | | | | | | | |
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| CONTRIBUINTE OU PESSOA COLETIVA N.: | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| NOME OU DENOMINAÇÃO: | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
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| DOMICÍLIO OU SEDE: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
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| CÓD. POSTAL: | | \_\_\_\_ | | | | - | \_\_\_\_ | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | FREGUESIA: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | CONCELHO: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | | | | | | | | | | | | | | | | | | | | | | |
| TELEFONE/TELEMÓVEL: | | | | \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | FAX: | | |  | | E-MAIL: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| EMPRESA DE MANUTENÇÃO DE ASCENSORES: | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| CONTRIBUINTE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
| DOMICÍLIO OU SEDE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
| CÓD. POSTAL: \_\_\_\_ - \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TELEFONE/TELEMÓVEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
| AUTORIZO O ENVIO DE NOTIFICAÇÃÇÕES, NO DECORRER DESTE PROCESSO PARA ENDEREÇO ELETRÓNICO ACIMA INDICADO | | | | | | | | | | | | | | | | | | | | | | |
| **Nº do processo do Ascensores** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
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| **PEDIDO:** | | | | | | | | | | | | | | | | | | | | | | |
| Solicita a V.Exa.:  Inspecção Periódica Reinspecção Inspecção Extraordinária  Do (s) elevador(es) instalados (s) em \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | | | | | | | | | | | | | | | | | | | |
| **PAGAMENTO** | | | | | | | | | | | | | | | | | | | | | | |
| Cheque nº \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do Banco \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, no valor de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ à ordem do Tesoureiro da Câmara Municipal de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Numerário no valor de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | | | | | | | | | | | | | | | | | | | |

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| **DATA E ASSINATURA:** | | | | |
| Pede deferimento, | | | | |
| Armamar, | / / |  | | |
| O requerente ou representante: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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