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| **RECOLHA DE CANÍDEOS** | | | | | | | | | | | | | | | | | | | | | | |
| A preencher pelos serviços | ENTRADA N.º: | | | | | | |  | | | |  | | | | | | EXMO SENHOR  PRESIDENTE DA CÂMARA MUNICIPAL DE ARMAMAR | | | | |
| REQUERIMENTO N.º: | | | | | | |  | | | |
| DATA: | | | | | | |  | | | |
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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: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| TELEFONE/TELEMÓVEL: | | | | \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | FAX: | | | \_\_\_\_\_\_\_\_\_\_\_\_ | | E-MAIL: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
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| NOME DO REPRESENTANTE DA PESSOA COLETIVA: | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| AUTORIZO O ENVIO DE NOTIFICAÇÃÇÕES, NO DECORRER DESTE PROCESSO PARA ENDEREÇO ELETRÓNICO ACIMA INDICADO | | | | | | | | | | | | | | | | | | | | | | |
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| **PEDIDO** | | | | | | | | | | | | | | | | | | | | | | |
| Requer recolha e/ou captura de canídeos abandonados/vadios.  Local de recolha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Horário para recolha**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Tipo de local:**  Espaço PúblicoJardim PúblicoRecolha domiciliáriaPropriedade privada  Outro  Espécie de animais a recolher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Número de animais: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Outras informações:  Ninhada com mãe  Animal agressivo  Só ninhada  Tamanho /porte de animais:  Pequeno  Médio  Grande | | | | | | | | | | | | | | | | | | | | | | |

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| |  | | --- | | **INSTRUÇÃO DO PEDIDO junta para o efeito os seguintes documentos)** |   **DATA E ASSINATURA:** | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pede deferimento, | | | | |
| Armamar, | / / |  | | |
| O requerente ou representante: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| |  |  | | --- | --- | | DESPACHO: | | |  | |  | | Data da recolha: Hora:  Funcionário do Centro de Recolha Animal de Lamego que recebeu o(s) canídeo(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   Pago pela guia \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |