

**APPLICATION FORM**

**APPLICATION MODEL Law 544/2001**

Name of public authority or institution...........................................................................................................
Headquarters/Address.......................................................................................................................................................
Date .........................................................................................................................................................................................
Dear Sir/Madam............................................................................................................................,
I hereby submit a request in accordance with Law No 544/2001 on free access to information of public interest. I would like to receive a copy of the following documents (the applicant is kindly requested to list as concretely as possible the documents or information requested): ……………………………………………………………………………………………………………………………………………………………………………………..................................................................................................................................................................
I would like the requested information to be provided to me, in electronic format, at the following e-mail address (optional):……………………………………….....................................................................
I agree to pay the fees for copying the requested documents (if copies are requested in written form).

Thank you for your kind attention.,
………………………………………..................
(Applicant's signature)
Full name of the Applicant.................................................................................................................................
Address ...................................................................................................................................................................................
Occupation (optional) ...................................
Phone (optional) ....................................
Fax (optional) ............................................