



Città di Porto San Giorgio
Servizio Autonomo di Polizia Locale

ACCESS TO THE DOCUMENTATION
(TO BE FILLED IN COMPLETELY IN CAPITAL LETTERS)

I, the undersigned:

Name

Surname

Born in

On

 / /

Municipality of residence

Province

Address

Street number

Social security number / VAT number

Email address

Phone number

REQUEST THE COPY (please indicate the unique identifier or the licence plate):

- | | |
|---|---|
| <input type="checkbox"/> Acknowledgement of receipt | <input type="checkbox"/> Certified copy |
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FINE NUMBER/LICENCE PLATE	<input type="text"/>
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FINE NUMBER/LICENCE PLATE	<input type="text"/>

I also declare that I was informed, pursuant to *LEGISLATIVE DECREE No. 196 of 30.06.2003*, that collected personal data will be processed with computer systems as part of the procedure for which this declaration is made.

Date and place

Signature

**It is mandatory to join the copy of the double-sided ID of the recipient of the fine.
Incomplete requests will not be processed.**

How to send the request:

- to the email address info@trafficfines.it

- per registered letter with acknowledgement of receipt to the following address: della Città di Porto San Giorgio Viale Della Vittoria n. 162 - 63822 Porto San Giorgio (FM)

Information on the processing of personal data can be found at this link:

<https://www.comune.portosangiorgio.fm.it/it/note-legali-privacy/>