Città di Porto San Giorgio
Servizio Autonomo di Polizia Locale

## REQUEST TO CANCEL A TRAFFIC FINE BECAUSE OF A CHANGE OF VEHICLE OWNERSHIP

*(TO BE FILLED IN COMPLETELY IN CAPITAL LETTERS)*

**Licence plate** ☐☐☐☐☐☐☐ **Fine number** ☐☐☐☐☐☐☐☐☐☐☐☐

**I, the undersigned:**

Name ☐☐☐☐☐☐☐☐☐☐☐☐☐ Surname ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Born in ☐☐☐☐☐☐☐☐☐☐ On ☐☐ / ☐☐ / ☐☐☐☐

Municipality of residence ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Province ☐☐

Address street number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Social security number /VAT number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Email address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Phone number ☐☐☐☐☐☐☐☐☐☐

**Hereby declare that:** □ **I bought** the vehicle on ☐☐ / ☐☐ / ☐☐☐☐

□ **I sold** the vehicle on ☐☐ / ☐☐ / ☐☐☐☐

From/to Mr/Mrs

Name ☐☐☐☐☐☐☐☐☐☐☐☐☐ Surname ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Born in ☐☐☐☐☐☐☐☐☐☐ On ☐☐ / ☐☐ / ☐☐☐☐

Municipality of Residence ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Province ☐☐

Address street number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Social security number /VAT number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

**I HEREBY ATTACH THE OWNERSHIP CERTIFICATE /SALE CONTRACT**

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 E-mail address info@trafficfines.it
- per registered letter with acknowledgement of receipt to the following address Polizia Locale della Città di Porto San Giorgio Viale Della Vittoria n. 162 - 63822 Porto San Giorgio (FM)

L'informativa al trattamento dei dati personali è disponibile al seguente link:
https://www.comune.portosangiorgio.fm.it/it/note-legali-privacy/