

**- SUBSCRIPTION FORM FOR BLUE ZONE PARKING -**

USER	
Legal entity	Person:
Company Name:	Surname/Name:
Legal representative:	Place and date of birth:
VAT number:	Residence:
Registered office:	Fiscal code:

TYPE OF SUBSCRIPTION (select the chosen subscription)	VEHICLE		AREA/ZONE: <input type="checkbox"/> SACILE <input type="checkbox"/> POLCENIGO (select the area and reference classification)	
	Model	License plate	Residents	
A				
B			Place of work	
D			Registered office	
*CITY			Other	

The "City" area is reserved for subscriptions over 85, pregnant women and new mothers with children up to the first year of age, and residents of Polcenigo

For the purposes of this request, the undersigned in his/her own/as *pro tempore* legal representative, under his/her own responsibility and aware of the criminal sanctions provided for by art. 47 of Presidential Decree No. 445/2000 in case of false declarations

DECLARES

(select the reference option)

- to be resident in Sacile (PN), Via _____ n. _____
- that the Company has its registered office in _____ (PN), Via _____ n. _____
- to work at _____ with registered office in _____ (PN), Via _____ n. _____
- to be pregnant and to be resident in _____ (PN), Via _____ n. _____
- to have a child in the first year of age and to be resident in _____ (PN), Via _____ n. _____

Also**DECLARES**

- to have read the rules regarding the request and management of the subscription published on the website www.lsmsacile.it at the link <https://lmsacile/sosta/>;
- to have read the extended privacy policy for users provided pursuant to art. 13 of Eu Regulation 679/2016 (GDPR) published on the website www.lsmsacile.it at the link <https://lmsacile.it/media/5.1-PRIVACY-POLICY-FOR-USERS.docx>

CONSENT TO DATA PROCESSING

I agree to the processing of my personal data even of a particular nature pursuant to art. 9 GDPR (e.g. data related to health) for the purposes relating to the performance of activities expressly indicated at the time of signing this Form as well as for due administrative requirements and all other related activities, in the forms and ways indicated in the extended policy available on the website www.lsmsacile.it.

Date _____ Signature _____

Attachments: Copy of the identity document - Copy of the Fiscal Code - Copy of automobile registration card