|  |  |
| --- | --- |
|  |  |
|  | *(Name and surname of the applicant or the legal entity’s full name)* |
|  |  |
|  | *(personal identification number or registration number)* |
|  |  |
|  | *(address, legal address)* |
|  |  | **/** |  |
|  | *(phone number)* |  | *(email address)* |
|  |  |
|  | (p*osition, name, surname of the legal representative of the legal entity*) |

# submission

##  To Valmiera County Municipality

Lāčplēša iela 2, Valmiera

Valmieras novads

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|  |

|  |  |
| --- | --- |
|  |  |
| *Date (dd/mm/yyyy)* | *Signature\** |

\* The document fields “signature” and “date” are not filled in if the electronic document is prepared in accordance with the regulatory enactments governing the formatting of electronic documents..