

OBJECTION

TO: MUNICIPALITY OF SERIFOS

SUBJECT: OBJECTION FOR WATER SUPPLY / SEWERAGE

FROM:

NAME:

(To be completed only for Legal Entities)

NAME OF LEGAL REPRESENTATIVE:

(To be completed only for Legal Entities)

LAST NAME:

NAME:

FATHER'S NAME:

MOTHER'S NAME:

VAT NUMBER:

DATE OF BIRTH:

ADDRESS:

P.C.

DEL NO. IDENTITY:

PHONE:

E-MAIL:

HYDROMETER NUMBER:

HYDROMETER LOCATION:

Having paid the 40% of my Water Supply/Sewerage bill
please.....

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Attached are all the necessary supporting documents for the correctness of the objection.

DATE: / /202

The Applicant