***Form No. 4***

REQUEST FOR REUSE OF INFORMATION

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| --- | --- | --- | --- |
| **Applicant (full name / organization name, address / headquarters, phone and/or Email)** | | | |
|  | | | |
|  |  |  |  |
| **Public authority name / headquarters and address** | | | |
|  | | | |

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| **Information to be reused** |
|  |

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| **Preferred method of receiving the requested information** (mark the option) |
| * in electronic format \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * in another suitable manner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
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| **Purpose of reuse of information** (mark the option) |
| * commercial * non-commercial |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(handwritten signature of the applicant)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(location and date)

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