**Vardas:**

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**Pavardė:**

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**Asmens kodas arba gimimo data:**

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**Asmens tapatybę patvirtinančio dokumento Serija, Nr.:**

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**Adresas korespondencijai:**

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**Atliekų susidarymo adresas:**

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**Tel. Nr.**

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**UAB Marijampolės apskrities**

**atliekų tvarkymo centras**

**PRAŠYMAS**

201.... m...................................mėn......d.

Marijampolė

Prašau į Marijampolės regioninį nepavojingų atliekų sąvartyną priimti šias atliekas:

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| **Nr.** | **Atliekų rūšies pavadinimas** | **Svoris, kg\*** |
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\* lauko užpildyti neprivaloma

**Įsipareigoju** už suteiktą atliekų priėmimo paslaugą **apmokėti pagal PVM sąskaitą-faktūrą per dešimt kalendorinių dienų, pagal galiojančius atliekų priėmimo į Marijampolės regioninį nepavojingų atliekų sąvartyną įkainius.**

Atliekas pristatė ir apmokėti sutinka:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Vardas, Pavardė, Parašas)

Duomenis patikrino:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Vardas, Pavardė, Parašas)