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| **INSTANCIA GENERAL** | **Exp. Nº:** |

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| **Interesado** | | | | | | | | |
| Nombre o razón Social | |  | | | | | | |
| DNI | NIF | CIF: | |  | | | | | | |
| Domicilio a efectos de notificaciones: | | |  | | | | | |
|  | | | | | | | | |
| Localidad: |  | | | | | | CP: |  |
| Teléfono |  | | | | e-mail |  | | |
| **Representante** | | | | | | | | |
| Nombre o razón social | |  | | | | | | |
| DNI | NIF | CIF: | |  | | | | | | |
| Domicilio a efectos de notificaciones: | | | |  | | | | |
|  | | | | | | | | |
| Localidad: |  | | | | | | CP: |  |
| Teléfono |  | | | | e-mail |  | | |

**EXPONE:**

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**SOLICITO:**

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En Cabezón de la Sal, a …….. de ………………………………. de 20….

Firma: