**ZAHTJEV ZA PONOVNU UPORABU INFORMACIJA**

**Podnositelj zahtjeva:**

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 (ime i prezime/naziv)

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 (adresa/sjedište)

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 (telefon i/ili e-pošta)

**Centar za pružanje usluga u zajednici Grada Crikvenice**

Ulica kralja Tomislava 85a

51260 Crikvenica

OIB: 78173045800

**Informacija koja se želi ponovno upotrijebiti:**

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

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**Način primanja tražene informacije:**

(označiti)

☐ u elektronskom obliku \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ na drugi prikladan način\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Svrha u koju se želi ponovno upotrijebiti informacije:**

(označiti)

☐ komercijalna

☐ nekomercijalna

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

(vlastoručni potpis podnositelja zahtjeva)

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 (mjesto i datum)