

NAME AND SURNAME _____ BORN _____
IN (COUNTRY, TOWN) _____ LIVE IN _____
ADDRESS _____ ZIP CODE _____
PHONE NUMBER _____

REQUESTS

the release of the authorization for the anchorage (ZONE C) in M.P.A. "Regno di Nettuno"

MONTH - NUMBER OF WEEK

Also, attach the following documentation (COPY):

- Valid identity document ;
- Insurance Policy valid of the boat;
- Certification of engine use / Declaration of engine power / Navigation license;
- Payment receipt of € .

All documents should be sent to info@nettunoamp.it

Informative note:

Boat (from 1 to 10 mt) € 10 per week or € 40 per month (calendar month);

Boat (from 10,1 to 24 mt) € 20 per week or € 80 per month (calendar month);

Payments must be made on:

postal cc 1026524791 - IBAN IT25 W 07601 03400001026524791

Accountholder : Consorzio Regno di Nettuno.

The undersigned authorizes the processing of data according to the laws in force in Italy and is informed of Article 13 of Legislative Decree 196/2003, in particular regarding the rights recognized by the law pursuant to art. 7 Legislative Decree 196/2003.

Date and place

APPLICANT'S SIGNATURE
