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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \* mandatory fields | |  | | | | **JSC “Riga International Coach Terminal”**  [*info@autoosta.lv*](mailto:info@autoosta.lv) | | | | | |
| **Applicant** | | | | | | | | | | | |
| \*Name, surname: | | | |  | | | | | | | |
| \* E-mail address or postal address, city, index: | | | |  | | | | | | | |
| **Information on the issue/situation on the basis of application/claim:** | | | | | | | | | | | |
| \*Place |  | | \*Date | | | |  | | | \*Time |  |
| **\* Description of application/issue and specific facts:**  *When describing an issue related to bus carriage services, please describe: bus departure date and time; route name* | | | | | | | | | | | |
|  | | | | | | | | | | | |
| I confirm that my data is true. I agree to my data processing in order to review application and provide an answer.  I confirm that I have familiarised with the Procedure of submission of electronic applications/claims. | | | | | | | | | | | |
| **Signature of the applicant/complainant (handwritten or secure electronic):** | | | | | | | |  | | | |
| ***To be filled in by the representative of JSC „Riga International Coach Terminal”*** | | | | | | | | | | | |
| *Name, surname, position of the person accepting application/claim:* | |  | | | *Date of receipt of application/claim:* | | | |  | | |
| *Reg. number of application/claim:* | | | |  | | |