|  |  |  |
| --- | --- | --- |
| \* mandatory fields |  | **JSC “Riga International Coach Terminal”***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:* |  |