

REQUEST FORM TO USE THE COMPLEMENTARY LABORATORY

(Reserved for entry registry)

CITI
 Centro de Investigación, Transferencia e Innovación
 Parque Tecnolóxico de Galicia
 San Cibrao das Viñas 32900 Ourense
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DETAILS OF THE PERSON RESPONSIBLE FOR THE BILL

Name:	
Research group:	
Centre/Institute:	
Body/ Institution/ Company:	Tax Identification Number:
Address:	
Telephone number:	E-mail:

APPLICATION DETAILS:

Period of use:	
Starting date:	Termination date:
Description of the activities that will be done:	

Services included in use fees: Water, electricity, telephone, computer network and supply of gases (such as oxygen and nitrogen).

The person responsible for the bill declares to know and accept the terms and conditions of the CITI regulations regarding the use of the complementary laboratory.

<p>It is resolved to accept the request to use the complementary laboratory as it is in line with the CITI regulations.</p> <p style="text-align: center;">In Ourense, on the ___ day of _____, 20__</p> <p>Signed by: _____</p> <p style="text-align: center;">(CITI director)</p>

In Ourense, on the ___ day of _____, 20__

Signed by the person responsible for the bill