|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Žiadosť o hromadnú výmenu polepov LIP** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Organizácia:  |  |  |  |  |
|  | Prenajímateľ : |  |  |  |  |  |  |  |  |  |
|  | IČO: |  |  |  |  |
|  | IČ DPH: |  |  |  |  |  |  |  |  |  |
|  | Kontaktná osoba (meno, tel. č.): |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **P. č.** | **Meno, priezvisko, titul** | **Funkcia** | **Číslo LIP** | **Pridelené zóny** | **Kód sprievod** | **Kód zakázané predmety** | **Doba platnosti LIP** | **Suma na úhradu** | **Podpis o prevzatí LIP** |  |
|   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Dňa:  |  |  |  | Pečiatka organizácie |  |  |
|  |  |  |  |  | meno a podpis oprávnenej osoby: |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |   |  |  |  |  |  |
| Potvrdenie o prevzatí LIP: |  |  |   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Dňa ................................ bolo prevzatých .............. ks LIP. |  |
|  |  |
| Meno: ...................................................... Podpis:....................................................... |  |
|  |  |  |  |  |  |  |  |  |  |  |