
(surname, father's name and first name)

(address)

(telephone number)

(name and address of legal person/legal
entity/entrepreneur)

MUNICIPALITY BUDVA
Secretariat for urbanization and environmental protection

Request for issuance of a testimonial

I kindly request issuance of a testimonial to check

- 1. If defined cadastral plot is covered by DUP / UP / LSL**
- 2. If defined cadastral plot is covered by GUP / PPOB**
- 3. _____**

(circle corresponding number)

Cadastral plot _____

Cadastral municipality _____

Plan _____
(PPOB, GUP, DUP, LSL or UP)

(place and date)

(applicant)