

**MUNICIPALITY BUDVA**  
**Secretariat for urban infrastructure and ambient**

**SUBJECT: Request to Committee for exam on cognition of territory of Municipality Budva, in order to perform taxi transfer service**

Name, father's name and surname of a candidate

\_\_\_\_\_

Date and place of birth

\_\_\_\_\_

Candidate's educational background

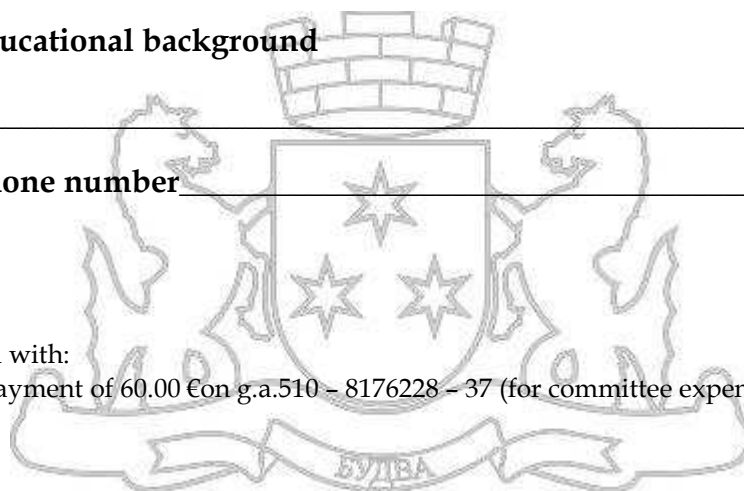
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Candidate's phone number

\_\_\_\_\_

Request submitted with:

Proof of payment of 60.00 € on g.a.510 - 8176228 - 37 (for committee expenses)



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(name and surname of the applicant - capital letters)

\_\_\_\_\_

(UIN)

\_\_\_\_\_

(address of residence)

\_\_\_\_\_

(contact telephone)

\_\_\_\_\_

(e-mail address)

\_\_\_\_\_

(applicant's signature)