**Gulbenes novada pašvaldībai**

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(fiziskai personai – vārds, uzvārds; juridiskai personai – nosaukums)* |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(personas kods; reģistrācijas numurs)* |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(adrese)* |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(tālrunis, e-pasts)* |

 PIETEIKUMS

*Gulbenes novada pašvaldības kustamās mantas*

*pasažieru autobusa VW Crafter izsolei*

**Vēlos pieteikties uz kustamās mantas – pasažieru autobusa VW Crafter** (valsts reģistrācijas numurs HR4671)**, atklātu mutisku izsoli ar augšupejošu soli.**

Apliecinu, ka:

1. Esmu iepazinies (-usies) ar izsoles noteikumiem, pret tiem man nav iebildumu, tie ir saprotami un apņemos tos ievērot;
2. Man nav pretenziju pret izsolāmās kustamās mantas stāvokli;
3. Visa sniegtā informācija ir patiesa.

Juridisko personu izsolē pārstāvēs *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*

 *(paraksttiesīgās personas vārds, uzvārds)*

Pievienotie dokumenti:

|  |  |
| --- | --- |
|  | *(vajadzīgo atzīmēt ar X)*: |
| 1. Pilnvara\* *(ja fizisko personu izsolē pārstāv cita fiziska persona vai juridisku personu pārstāv pilnvarotais pārstāvis)*
 | [ ]  |
| 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | [ ]  |
| 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | [ ]  |

\* Pilnvarotais pārstāvis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(pārstāvja vārds, uzvārds)*

|  |  |
| --- | --- |
| 2024.gada \_\_\_.\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(paraksts; paraksta atšifrējums)* |