**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 dzīvokļa īpašuma*

*O. Kalpaka iela 35 – 2, Gulbenē, Gulbenes novadā, izsolei*

**Vēlos pieteikties uz dzīvokļa īpašuma O. Kalpaka iela 35 – 2, Gulbenē, Gulbenes novadā, ar kadastra numuru 5001 900 2612, 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 izsolāmā nekustamā īpašuma stāvokli;
3. Visa sniegtā informācija ir patiesa.

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

*(paraksttiesīgās personas vārds, uzvārds)*

Pievienotie dokumenti:

|  |  |  |
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|  | | *(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)*

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