TO THE MAYOR OF SOFIA MUNICIPALITY

REQUEST FOR RESTRICTION OF PROCESSING OF PERSONAL DATA

From	(2000000)	
Personal ID Number/Fore	(names) eigner ID Number	
Permanent address:		
Telephone:	e-mail:	
	(names of proxy/parent, custodian, etc.)	
	(Power of Attorney/judicial act, etc.)	
processing of the following	Paragraph 1 of Regulation (EU) No. 2016/67 ng personal data relating to me	
to be restricted due to app	olicability of the hypothesis of	
	e the relevant hypothesis under Art. 18, Para. 1, b.	
	mmunication between us and the information the following form: (state the preferred form)	n requested by me,
 verbally; in writing; electronically 		
Mailing address:		
Attachment:		
Date	Signature:	