Corpo Intercomunale di Polizia Locale
Cavedine

REQUEST TO CANCEL A TRAFFIC FINE BECAUSE OF A CHANGE OF VEHICLE OWNERSHIP

(TO BE FILLED IN COMPLETELY IN CAPITAL LETTERS)

Licence plate ☐☐☐☐☐☐☐ **Numero di Registro** ☐☐☐☐☐☐☐☐☐☐☐☐

I, the undersigned:

Name ☐☐☐☐☐☐☐☐☐☐☐☐☐ Surname ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Born in ☐☐☐☐☐☐☐☐☐☐ On ☐☐ / ☐☐ / ☐☐☐☐

Municipality of residence ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Province ☐☐

Address street number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Social security number /VAT number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Email address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Phone number ☐☐☐☐☐☐☐☐☐☐

Hereby declare that: □ **I bought** the vehicle on ☐☐ / ☐☐ / ☐☐☐☐

□ **I sold** the vehicle on ☐☐ / ☐☐ / ☐☐☐☐

From/to Mr/Mrs

Name ☐☐☐☐☐☐☐☐☐☐☐☐☐ Surname ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Born in ☐☐☐☐☐☐☐☐☐☐ On ☐☐ / ☐☐ / ☐☐☐☐

Municipality of Residence ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Province ☐☐

Address street number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Social security number /VAT number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

I HEREBY ATTACH THE OWNERSHIP CERTIFICATE /SALE CONTRACT

I also declare that I was informed, pursuant to *LEGISLATIVE DECREE No. 196 of 30.06.2003,* that collected personal data will be processed with computer systems as part of the procedure for which this declaration is made.

Date and place Signature

_____ _____

It is mandatory to join the copy of the double-sided ID of the recipient of the fine.
Incomplete requests will not be processed.

How to send the request:
-to the email address: verbali.comando.cavedine@pec.it
per registered letter with acknowledgement of receipt to the following address: Polizia Locale del Comune di Cavedine c/o Safety21 S.p.A Via Varese 6/A 20037 - Paderno Dugnano (MI)
Information on the processing of personal data can be found at this link: https://www.comune.cavedine.tn.it/Privacy