_____
(name and surname/legal entity name of the applicant)

_____
(correspondence address or e-mail address)

To the State Data Protection Inspectorate
L. Sapiegos g. 17, 10312 Vilnius

REQUEST
FOR CONSULTATION

_____
(date)

_____
(place)

Please provide a consultation on the following issue:

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ENCLOSED: page(s)

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(signature) (name, surname)