

Authorisation for interruption of the gas supply in the property

Mr/Mrs/Miss

as representative of the Homeowners Association or Owner of the property located at St./Ave./Sq.

No. _____ Town/City _____

Authorises:

Mr/s _____,
to carry out works to modify the Common Receiving Installation, or connect a new tap for the gas supply to the dwelling/premises at St./Ave./Sq. _____ No. _____
Street entrance _____ Floor and Door _____ Town/City _____

For this purpose, Gas Natural Redes GLP, S.A. is asked (hereinafter *The Distributor*) to proceed with shutting off the supply and subsequently reopening it.

These works will be carried out by the Installation Company _____,
with Company license No. _____, the Authorised Installer being Mr/s.

_____, with Installer licence
No. _____ who expects the duration of the shut-off to be _____ hours on the specified day.

In [place] _____, on _____ [date] _____ [month] _____ [year] _____

In compliance with the provisions set out in the current legislation on Personal Data Protection, Gas Natural Redes GLP, S.A., (hereinafter, Redes GLP) with registered address at Avenida San Luis, 77 28033 Madrid, hereby informs you that your personal data will be processed for the purpose of guaranteeing the maintenance, development and control of your contractual relationship and for complying with the applicable legal obligations deriving therefrom. With regards to the communication of your personal data, this may be shared with public bodies and authorities, for compliance with the applicable legal regulations. In addition, Redes GLP informs you that you may access, rectify and erase your personal data and exercise the other rights recognised in the regulation, by writing to Customer Service (Atención al cliente) at Plaça del Gas nº2 08003 Barcelona. We recommend you refer to the detailed information on data protection available on our website www.redesglp.gasnatural.com.

The Authorised Installer

The President of the Association or The Requesting Party (*)
Owner of the Building (*)

Name: _____

Name: _____

Name: _____

National ID Doc. No.: _____

National ID Doc. No.: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Signature: _____

Signature: _____

Signature: _____

Stamp: _____

Stamp of the Association: _____

(*) To be filled in if the IRC is not owned by Gas Natural Redes GLP, S. A