

CLAIMS

* Fields marked with an asterisk are required

When you fill out the form, save it and send the file by email to:

reclamaciones@consejodetransparencia.es

I. IDENTIFI	CATION OF THE CLA	IMAN I				
Surname *:		Second surname *:	N <u>I</u> F/NIE:			
Lorenzo		Donoso	09154113k			
Name / Compan	ıy name *:		Teléfono:			
Félix			675043835			
STATEMENT FOR THE PURPOSES OF NOTICES :						
The communic	The communications and notifications that this Council of Transparency and Good Government sends you in relation					
	to the file processed will be made electronically via your email. If you prefer to receive it by postal mail at your address,					
fill in the details of your address in section I.B.						
The fire details of your dualess in section libit						
≻ _	I.A. Communication by em	ail (fill in only if you opt for the email	I):			
I.A. BY EMAIL						
E.A	Email * (mandatory if it is electronic notification):					
	almendralejosinconta	aminacion@yahoo.es				
ب	I.B. Communication by postal address (fill in only if you opt for communication by post):					
T.A	Street, plaza, avenue:		Door, staircase :			
00 -						
.Υ MA						
I.B. BY POSTAL MAIL	Municipality:		Province:			
<u>=</u>	Country:		Postal Code:			
	Country.		rostal code.			
Dov	ou act in your own name	or on hehalf of another? (indicate	e the one that corresponds)			
Do you act in your own name or on behalf of another? (indicate the one that corresponds) () In my own name (if you choose this option, go directly to section II, data of the claim)						
		(if you choose this option, fill in t	· · · · · · · · · · · · · · · · · · ·			
()		(, o a o o o p o . ,				
_ 7	DATA OF THE DEDDESEN	STATIVE / NGO /):				
10 YOU	DATA OF THE REPRESENTATIVE / NGO ():					
Y TA	() Natural person :	Full name:				
FILL ONLY IF YOU ACT IN REPRESENTATION OF ANOTHER	() Natural person .					
AC.	NIF:					
L C , PRE	(•) Legal person : Social reason: : Plataforma contra la contaminación de Almendraleio					
FILL ONLY IF YOU ACT IN REPRESENTATION OF ANOTHER		CIF: G06442412				

II. DATA OF THE CLAIM (fill in section II. A if you have not received a response or section II. B if you have received it)

I. A. RESPONDING T	O YOUR CLAIM				
If you have not received a response to your request for information, check this box and go directly to section II. C reason for the claim). If you have received a reply, continue in section II.B.:					
	I have no	t received an answer to the claim			
.B. YES, I HAVE RECEIVED ANSWER					
Date :	General Manageme	al Management, centre, agency or responsible unit : N° file Portal			
22/02/2017		f the Presidency - remits the request to the Ministry's Secretariat of Justice	of Transparency 001-012192		
If you know it, indicate the Ministry, Autonomous Community or Local Entity to which the General Directorate, the centre, the agency or the responsible unit belongs:					
If it belong to a Ministry, indicate which: Ministry of Justice					
	n Autonomous Comm	-			
E in case of bei	onging to a Local Entit	y, indicate which:			
Contents of the resolution that is claimed (select the appropriate box):					
		complainant is not admissible			
• • •	cess to all requested in				
	•	rmation requested is denied nation does not satisfy the request			
		<u> </u>			
	press refusal (select th				
() Cause of inadmissibility (Article 18 of Law 19/2013) Choose the cause of					
inadmissibility () Limits of the right of access (Article 14 of Law 19/2013) Choose the limit					
II.C. REASON FOR	THE CLAIM				
Explain briefly the	reasons for your claim	n:			
The maximum period established has elapsed without having received a response to the request. Article 20 - Law 19/2013, of December 9, on transparency, access to public information and good governance.					
"On March 1, 2017, your request for access to public information with the number 001-012192, is in the Ministry's General Technical Secretariat of Justice, which will resolve your request					
From the date indicated, the calculation of the legally established deadlines to answer your request has begun."					

III.	DOCUMENTATION ATTACHED TO THE CLAIM
	 [X] Information request [] Resolution that is claimed [] Notification of the resolution [X] Documentation accrediting the representation [] Additional claims
	[X] Other documents (specify which ones): Notification of the start of processing.

I DECLARE: under my responsibility, that the data included in this form are true and verifiable.

The claimant, whose data appears in this form, files a claim under Article 24 of Law 19/2013, of December 9, on Transparency, Access to Public Information and Good Governance), before the Transparency Council and Good Government.

In virtue of this, it requests that the resolution against which this claim is filed be annulled and its right of access to the information be acknowledged in the terms set forth in the initially filed application.

In Almendralejo

, April 4

of 2017

For statistical purposes, if you wish, you can complete the following fields:

Age:

Sex: () Woman () Man



LEGAL WARNING

In accordance with the provisions of Organic Law 15/1999, of December 13, on the protection of personal data, the claimant is informed of the incorporation of their data into an existing computerized file in the Transparency and Good Advice Committee. Government destined exclusively to the treatment of the information included in its file. The potential recipients of this information are the Administrations and public bodies that own data and information relevant to the resolution of the same that are not included in this form or in the documentation provided together with it by the claimant. The person in charge of the aforementioned file is the Council of Transparency and Good Governance before which the claimant may exercise his / her rights of access, rectification, cancellation and opposition, by writing that must be addressed to this body.

Unofficial translation from the original Spanish