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| **escudo** | **SOLICITUD CAMBIO DE TITULARIDAD CONTADOR AGUA** |

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| Nombre del Abonado Saliente DNI |

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| CODIGO ABONADO |  | FECHA |  |

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| Nombre del Abonado Entrante: |

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| --- | --- |
| DNI / NIF: | TELEFONO: |

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| Domicilio de Correspondencia: |

|  |  |  |
| --- | --- | --- |
| Código Postal | Localidad | Provincia |

**DATOS BANCARIOS**

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| IBAN |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**DIRECCIÓN DE ACOMETIDA**

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| --- | --- | --- | --- |
| Domicilio/Calle | C.Postal | Localidad | Provincia |

**DATOS CONTADOR**

|  |  |  |
| --- | --- | --- |
| Nº DE CONTADOR | MARCA | FECHA ULTIMA LECTURA |
| LECTURA LIQUIDACIÓN. | TARIFA |  |

* **R.S.U** (Comunicación Mancomunidad.Valdizarbe)

Firmado: