**Croatian Transmission System Operator Plc.**

**Kupska 4**

**10000 Zagreb**

**REQUEST FOR ACCESS TO INFORMATION**

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| --- | --- | --- |
| **Applicant’s Request** | **Name and Last Name** |  |
| **Legal Entity’s Name** |  |
| **Legal Entity’s Registered Office** |  |
| **Address** |  |
| **Phone** |  |
| **E-mail** |  |

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| **Data necessary for identification of requested information** |  |

Please mark below the preferred method of access to the requested information (mark with X required):

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Information delivery in written form

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Documentation insight

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Documentation copy

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Delivery of documentation copy

|  |  |
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| **Submission Date of Applicant’s Request** |  |
| **Location** |  |
| **Applicant’s Signature** |  |

**Note:**

HOPS Plc. as a public authority is entitled to request to cover the actual material expenses incurred by providing information and to cover the expenses of the delivery of the requested information to Applicant’s Request.