**EXCMO. AYUNTAMIENTO DE OFICINA MUNICIPAL**

 **A R U C A S DE INFORMACIÓCONSUMIDOR**

 GRAN CANARIA

IMPRESO DE RECLAMACIÓN

Reclamante D./Dª………………………………………………………………………………………… D.N.I…………………………….

Domicilio………………………………………………………………………………………....................C.P……………………………..

Población……………………………….. Tlf./ Correo Electrónico……….……………………………………………………………

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Reclamado (nombre o razón social)…………………………………………………………………………………………………….

Domicilio………………………………………………………………………………………....................C.P……………………………..

Población……………………………….. Tlf./ Correo Electrónico……….……………………………………………………………

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MOTIVO DE LA RECLAMACIÓN (Hacer una exposición de los hechos)

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SOLICITUD (Exposición de la petición concreta)

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DOCUMENTACIÓN QUE SE ADJUNTA

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Arucas, a …..…… de…………………….... de 20

Fdo.:………………………………………………………………