



Ministero della cultura

DIREZIONE GENERALE ARCHIVI
ARCHIVIO DI STATO DI ALESSANDRIA

To the Director of the State Archive in Alessandria

SUGGESTIONS AND COMPLAINTS FORM
(FILL THE FORM USING BOLD)

First name: _____
Last name: _____
Address: _____
Nationality: _____
Phone: _____
E-mail: _____

COMMENTS

Personal data will be used exclusively for responding to the complaints and to provide information on cultural events organized by this Institute (d.lgs. 196/2003; GDPR 2016/679)

The present declarations are made pursuant to and for the purposes of art. 38, 46, 47 and 76 of the D.P.R. 445/2000.

Place and date _____

Signature _____