
APPLICANT (name, surname / name of trade/company)

ADDRESS/HEADQUARTERS

Personal ID No. (OIB)

TELEPHONE/MOBILE PHONE NUMBER

EMAIL

In Labin, _____

CITY OF LABIN
Administrative Department for Economy and EU projects

REQUEST FOR USE OF COWORKING SPACE

I request the Addressee to grant me the use of the COWORKING SPACE on the 1st floor of the building at Rudarska 1/A, Labin, for the following purposes:

I intend to use the coworking space as follows (please enter data for the selected usage model):

1. Monthly service package, in the period from _____ to _____ .

2. Semi-monthly service package (up to 80 hours per month), in the period from _____
to _____ .

3. Weekly service package (up to 40 hours per week), in the period from _____
to _____ .

4. Daily service package, for the day _____.

5. Annual service package, from _____ to _____.

6. Workstation number _____ (to be written).

APPLICANT

ATTACHED TO THE REQUEST:

1. A copy of the active extract from the Court/Crafts and Trades Register / a copy of the identity card/passport

NOTES:

1. The Applicant confirms the truthfulness of the data with their handwritten signature and stamp of the entity.
2. The Applicant agrees that their data may be published on the website and in the Official Gazette of the City of Labin, for the purpose for which they were collected.