



Code	Number
AD023	

**PUBLIC INFORMATION FORM**  
**LAW N° 20.285**

Instructions: Write in Capital Letter

**APPLICANT FULL NAME (required)**

FULL NAME/COMPANY NAME:

REPRESENTATIVE FULL NAME (if required):

ADDRESS (At Least One)	<input type="checkbox"/> E-MAIL ADDRESS	E-mail:-----		
	<input type="checkbox"/> ZIP CODE	Av./Street:	N°:	Dept:
	DISTRICT:	City:	Region:	

**REQUEST INFORMATION (required)**

Name of Requested Entity:

Information Type. Indicate: subject, issue date or time in force, source or aim, document type, etc.

**Notice (mark an "X" and explain)**

Notified by E-mail Yes  No  E-mail: \_\_\_\_\_

**Way of Requested Sending Information (mark an "X")** **Format (mark an "X")**

E-mail  By post  Withdraw in Office  Specify Location \_\_\_\_\_ Hardcopy  Digital

**Remarks:**

This field **does not** constitute a request to access to information, only allows the Service knows of some considered circumstance relevant for the information access and delivery.

Date: / /  Signature (required): \_\_\_\_\_

**STATISTICAL INFORMATION (optional)**

**PERSONAL DATA**

Gender: M  F  Age: \_\_\_\_\_ Phone: \_\_\_\_\_ ID: \_\_\_\_\_ Nationality: \_\_\_\_\_

**Type of organization in which participate**

Parent Center <input type="checkbox"/>	Sports Club <input type="checkbox"/>
Prof.Tech.College <input type="checkbox"/>	Cooperative <input type="checkbox"/>
Church/Religious Org. <input type="checkbox"/>	Elderly People Org. <input type="checkbox"/>
Female Organization. <input type="checkbox"/>	Youth/Student Org. <input type="checkbox"/>
Local Organization. <input type="checkbox"/>	Political Participation <input type="checkbox"/>
Union Organization. <input type="checkbox"/>	Cultural Organization <input type="checkbox"/>
Environmental Org. <input type="checkbox"/>	Other Organizations <input type="checkbox"/>

**Employment**

Housewife <input type="checkbox"/>	Student <input type="checkbox"/>
Retired/Pensioner <input type="checkbox"/>	Unemployed <input type="checkbox"/>
Dependent Worker <input type="checkbox"/>	Employer <input type="checkbox"/>
Independent Worker <input type="checkbox"/>	Domestic Service <input type="checkbox"/>
Researcher/Academic <input type="checkbox"/>	Journalist <input type="checkbox"/>
Public Employee <input type="checkbox"/>	Civil Organization <input type="checkbox"/>
Business Association Member <input type="checkbox"/>	Union Organization. Member <input type="checkbox"/>
Other <input type="checkbox"/>	

**Frequency of Participation**

Often  Occasionally   
Rarely  Only registered

**Educational Level**

Incomplete Elementary School <input type="checkbox"/>	Complete Elementary School <input type="checkbox"/>	Incomplete Secondary School <input type="checkbox"/>
Complete Secondary School <input type="checkbox"/>	Technical Ed./Professional <input type="checkbox"/>	College <input type="checkbox"/>
Postgraduate (Master,,) <input type="checkbox"/>	Uneducated <input type="checkbox"/>	

**Relevant Information:**

- The answer to your request has a maximum of 20 working days. However, this could be extended by another 10 working days in justified cases.
- The information requested shall be delivered in the way and by means that you indicate, provided that no means excessive cost.
- Reproduction of the information can have a cost. The non-payment of the reproduction prevents the delivery of such information.
- If your information request is not answered within 20 working days, or is denied or the response is incomplete or does not correspond to the requested, in cases that the law allows, you can present a claim for refusal of information to the Transparency Council within 15 working days, from the date of the refusal access notification to information, or since the fixed deadline to answer.