**Vardas:**

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**Pavardė:**

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**Asmens kodas arba gimimo data:**

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**Asmens tapatybę patvirtinančio dokumento Serija, Nr.:**

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**Adresas korespondencijai:**

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**Atliekų susidarymo adresas:**

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**Tel. Nr.**

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**UAB Marijampolės apskrities**

**atliekų tvarkymo centras**

**PRAŠYMAS**

201.... m...................................mėn......d.

Marijampolė

Prašau į Marijampolės regioninį nepavojingų atliekų sąvartyną priimti šias nepavojingas atliekas:

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| --- | --- | --- |
| **Nr.** | **Atliekų rūšies pavadinimas** | **Svoris, kg\*** |
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\* lauko užpildyti neprivaloma

**Įsipareigoju** už suteiktą atliekų priėmimo paslaugą **apmokėti pagal PVM sąskaitą-faktūrą per dešimt kalendorinių dienų, pagal galiojančius atliekų priėmimo į Marijampolės regioninį nepavojingų atliekų sąvartyną įkainius.**

Į Marijampolės regioninį nepavojingų atliekų sąvartyną priimamų nepavojingų atliekų įkainiai:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nr.** | **Atliekų rūšies pavadinimas** | **Atliekų šalinimo kaina Lt/t be PVM** | **Atliekų šalinimo kaina Lt/t su PVM** | **Atliekų šalinimo kaina EUR/t su PVM** |
| **1.** | Mišrios komunalinės atliekos | 81,87 | 99,06 | 28,69 |
| **2.** | Mišrios statybinės griovimo atliekos | 81,87 | 99,06 | 28,69 |
| **3.** | Mišrios statybinės griovimo atliekos (be biologiškai suyrančių atliekų, tekstilės gaminių, statybos izoliacinių medžiagų ir kitų priemaišų) | 11,76 | 14,23 | 4,12 |

Atliekas pristatė ir apmokėti sutinka:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Vardas, Pavardė, Parašas)

Duomenis patikrino:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Vardas, Pavardė, Parašas)