Spettabile ATS Sardegna - ASSL Sanluri

Dipartimento di Prevenzione

Ufficio Gestione delle Contestazioni

delle Violazioni Amministrative

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**Oggetto: Scritti difensivi - Richiesta di audizione, ai sensi dell’art. 18 Legge 24 novembre 1981, n. 689 (entro 30 giorni dalla data della contestazione o notificazione della violazione amministrativa)**

Il Sottoscritto \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_nato a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ il \_\_\_\_\_\_\_\_\_\_\_\_

e residente in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ via \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ n \_\_\_\_\_\_\_\_\_

Telefono\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

in qualità di titolare/rappresentante della ditta \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

con sede legale in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ via \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ n. \_\_\_\_\_\_\_

e sede operativa in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_via \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ n.\_\_\_\_\_\_\_\_\_

con riferimento al Verbale di contestazione di violazione amministrativa N° \_\_\_\_\_\_\_\_\_\_\_\_\_del \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a firma di \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PREMESSO CHE**

***(esposizione degli scritti difensivi)***

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**CHIEDE**

[ ]  che venga disposta l’archiviazione del processo Verbale di contestazione di violazione

[ ]  che venga applicato il minimo della sanzione prevista

[ ]  che venga disposta l’audizione del Sottoscritto

**ALLEGA:**

[ ]  copia del Verbale di contestazione di violazione amministrativa

[ ]  altro *(eventuale documentazione)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Luogo e data \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma del Richiedente

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