**ZAHTJEV ZA PONOVNU UPORABU INFORMACIJA**

**Podnositelj zahtjeva:**

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 (ime i prezime/naziv)

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 (adresa/sjedište)

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 (telefon i/ili e-pošta)

**ZAGREBAČKO KAZALIŠTE LUTAKA**

**Trg kralja Tomislava 19/1**

**10000 Zagreb**

**Informacija koja se želi ponovno upotrijebiti:**

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**Način primanja tražene informacije:**

(označiti)

☐ u elektronskom obliku \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ na drugi prikladan način\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Svrha u koju se želi ponovno upotrijebiti informacije:**

(označiti)

☐ komercijalna

☐ nekomercijalna

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(vlastoručni potpis podnositelja zahtjeva)

**U \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, dana \_\_\_\_\_\_\_\_\_\_20\_\_\_ godine**