**REQUEST FORM FOR ISSUING A DECISION ON DELIMITATION OF COMPETENCIES BETWEEN SPECIALISED ARCHIVES AND ARCHIVES PERFORMING ARCHIVAL SERVICE AS PUBLIC INSTITUTIONS**

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| **INFORMATION ON THE ARCHIVE** |   |
| 1. Title |  |
| 2. Address (street, house number) |  |
| 3. City (place, zip code) |  |
| 4. Personal identification number |  |
| 5. Responsible person (Director, Head) |  |
| 6. Contact (phone number/e-mail address) |  |
| **FOUNDER** |   |
| 1. Title or name  |  |
| 2. Address (street, house number) |  |
| 3. City (place, zip code) |  |
| 4. Personal identification number |  |
| 5. Legal form |  |
| 6. Founding act (adoption date and number) |   |

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| Date of application | Signature of applicant |