

**TO  
THE MAYOR OF SOFIA MUNICIPALITY**

**REQUEST**

**FOR ERASURE OF PERSONAL DATA  
(RIGHT "TO BE FORGOTTEN")**

From .....  
(names)

Personal ID Number/Foreigner ID Number .....

Permanent address:.....

Telephone:..... e-mail:.....

THROUGH: .....  
.....  
(names of proxy/parent, custodian, etc.)

.....  
(Power of Attorney/judicial act, etc.)

Pursuant to Article 17, Paragraph 1 of Regulation (EU) No. 2016/679, I would like the following personal data relating to me to be erased.....

.....  
due to applicability of the hypothesis of .....

.....  
(depending on the case state the relevant hypothesis under Art. 17, Para. 1, b. "a" – "f" of GDPR)

I would like that the communication between us and the information requested by me, respectively is realized in the following form: *(state the preferred form)*

1. verbally;
2. in writing;
3. electronically

Mailing address: .....

**Attachment:** .....

Date .....

Signature:.....