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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Request for an intervention report from the Government of Catalonia’s Fire Brigade | | | | | | | | |
| Identification details for the person submitting the request (complete this section only if different from the person affected by the incident)  This form is only valid for in-person submission | | | | | | | | |
| First name or company name | | | Paternal surname | | | Maternal surname | | |
|  | | |  | | |  | | |
| Type of identity document | | | Identity document number | | |  | | |
|  | | |  | | |  | | |
| You are required to complete at least one method of contact: | | | | | | | | |
| Landline telephone | | | Mobile telephone | | | E-mail address | | |
| Address | | | | | | | | |
| Type of road | Name of road | | | | | | | Number |
|  |  | | | | | | |  |
| Block | Staircase | | | Floor | Apartment | | | Postal code |
|  |  | | |  |  | | |  |
| Province | | | | Municipality | | | Country | |
|  | | | |  | | |  | |
| Identification details of the person affected by the incident | | | | | | | | |
| First name or company name | | | Paternal surname | | | Maternal surname | | |
|  | | |  | | |  | | |
| Type of identity document | | | Identity document number | | |  | | |
|  | | |  | | |  | | |
| You are required to complete at least one method of contact: | | | | | | | | |
| Landline telephone | | | Mobile telephone | | | E-mail address | | |
| Address | | | | | | | | |
| Type of road | Name of road | | | | | | | Number |
|  |  | | | | | | |  |
| Block | Staircase | | | Floor | Apartment | | | Postal code |
|  |  | | |  |  | | |  |
| Province | | | | Municipality | | | | |
|  | | | |  | | | | |
| Details of the incident | | | | | | | | |
| Date | | Time | | | | | | |
|  | |  | | | | | | |
| Address where incident occurred | | | | | | | | |
|  | | | | | | | | |
| Postal code | | Municipality | | | | | | |
|  | |  | | | | | | |
| Your link with incident (a right or legal interest that entitles you to request the information: owner or tenant of the damaged apartment, owner of the damaged vehicle, etc.) | | | | | | | | |
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| Brief description of the incident (provide operation no. if known) | | | |
|  | | | |
| Notifications and information arising from this request | | | |
| I agree to receive notification and/or correspondence by e-mail for the administrative procedures related to this request  E-mail notifications may be viewed via the “gencat” Administrative Procedures portal or the “Canal Empresa” business channel portal. You can access these portals with a digital certificate or single-use password. [See the list of authorised digital certificates](http://web.gencat.cat/en/tramits/com-tramitar-en-linia/identificacio-digital/index.html).  Remember, the e-mail address and mobile telephone number you provide in this request will be used to notify you of any new electronic messages or notifications and, if necessary, to send you the password required to access the content of your notification. | | | |
| First name & surnames | | Mobile telephone | E-mail address |
|  | |  |  |
| I hereby declare that:1 | | | |
| In accordance with Article 35 of Law 26/2010 of 3 August, concerning the Legal Framework and Procedures of the Public Services of Catalonia, I am affected by the case concerned.  I am acting (if this is the case) as the representative of the applicant, in accordance with the provisions of Article 5 of Law 39/2015 of 1 October, concerning Common Administrative Procedures. | | | |
| Authorisation | | | |
|  | I hereby authorise the Government of Catalonia to consult my data in the records of other administrative bodies or institutions to check that I meet the conditions required to access the subject of this request and view that data at any point during the validity of this request. | | |
| If you do not wish to provide this authorisation, you must attach a document to prove the identity of the person affected by the accident or the person submitting the request. | | | |
| Signature  Place and date | | | |

The data that appear in red are obligatory.

1. In compliance with Article 35 of Law 26/2010 of 3 August 2010, concerning the Legal Framework and Procedures of the Public Services of Catalonia, a sworn statement is defined as a document signed by the persons concerned in which they declare, under their personal responsibility, that they comply with the requirements established by the legislation in force to qualify for the recognition of a right or facility or for the exercising thereof, that they possess the corresponding justificatory documents and that they undertake to fulfil all due compliance for as long as the recognition or exercise of the said right or facility shall be legally in force. Without prejudice to the specific measures that may be determined by the relevant legislation in each case, the presentation of a sworn statement in the context of an administrative procedure enables the public administration concerned to determine the conformity of the data contained therein.

**Data protection**

In accordance with Article 5 of Organic Law 15/1999 of 13 December, concerning the Protection of Personal Data, we hereby inform you that your personal data will be collected, processed and incorporated into the following automated database:

* The Office of the Fire Brigade. The body that acts as the Data Controller for the database is the General Directorate for Fire Prevention and Control and Rescue Operations, and the address to which data subjects may write to exercise their rights of access, rectification, cancellation and objection is: Carrer Diputació 355, 08009 Barcelona. The purpose of the database is to manage the actions of the Fire Brigade.
* Administrative dossiers: in accordance with Organic Law 15/1999, of 13 December, concerning the Protection of Personal Data, the data of persons who submit a request will be incorporated into the database for the Processing of Administrative Dossiers, for which the Office of Corporate Management acts as the Controller, for the purpose of processing the administrative dossiers related to the competitive environment and pursuing and resolving any matters that are the subject of such dossiers. You may exercise your rights as a data subject by writing to the: General Sub-directorate for Personnel, Organisation and the Prevention of Occupational Hazards, Passeig de Gràcia 105, 08008 Barcelona; or to the e-mail address: bustiaprotecciodedades.emo@gencat.cat.

The acceptance of these conditions implies your consent to the processing of your personal data for the provision of the services you request through this portal and, if appropriate, to the necessary procedures with any public service or body involved in the process, and also your consent to the incorporation of your data in the automated database mentioned above.