I the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

in my capacity as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

employed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUEST**

**out-of-hours** access to the premises:

**□** Forlì Technopole (via Baldassarre Carnaccini 10-12, 47121 Forlì)

**□** Lab Visitors Centre. CICLOPE DIN-UNIBO (via Giorgio Zoli 63, 47017 Predappio (FC))

on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_,

where ***'out-of-hours'*** means from 9 p.m. to 7 a.m. on Mondays to Fridays, all day on Saturdays, public holidays and periods when the University is officially closed (Christmas holidays, August bank holiday week, etc.)

**For this purpose, I the undersigned DECLARE that** access on an exceptional basis:

1. is strictly necessary for the following reason:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

1. has been agreed with the RDRL and will take place as defined with the same;
2. *(in case of accompanying persons)* that the following persons will also be present *(state name and surname, job title, institution, etc.)*:

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;*

date \_\_\_\_\_\_\_\_\_\_\_\_\_ the **APPLICANT** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(legible signature in full)*

**RDRL visa** *(name and surname)* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(legible signature in full)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORISATION:**

The Head of CIRI-AERO, Prof. *(name and surname)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorises on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*(legible signature in full)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| *This communication must be sent to the Head of CIRI-AERO, with a copy to the RDRL and the local safety officer responsible for the premises in question (Veronica Rossi, veronica.rossi5@unibo.it), who will provide the person concerned with the necessary instructions.* |