



Ministero della cultura

DIREZIONE GENERALE ARCHIVI
ARCHIVIO DI STATO DI CAGLIARI

SUGGESTIONS AND COMPLAINTS FORM

First name: _____ Surname: _____

Address: _____ Nationality: _____

Phone: _____ E-mail: _____

Comments: _____

Personal data will be used exclusively for responding to this complaint and to provide information on cultural events organized by this Institute (D.Lgs. 30/06/2003 n° 196).

Date: _____ Signature: _____

We will answer within 30 working days.



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DELLA
CULTURA

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