



police  
municipale  
Bagnes

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Date and time : .....

## SUBSCRIPTION REQUEST

### PARKING

- Catogne                              From .....to.....
- Périn (lower level)                    From ..... to.....
- Marais Verts
  - Month (off season) From .....to.....
  - Season                      From..... to.....
  - Annual                        From .....to.....
- Other ..... From.....to.....

### CONTACT INFORMATION

Last name : .....

First name : .....

Street : .....

City : .....

Phone number : .....

Email address : .....

Vehicle registration number : .....

### FOR EMPLOYEES AND SEASONAL WORKERS

(ONLY FOR PERIN AND CATOGNE)

Company : .....

Employer (last name, first name) : .....

Employer signature and stamp : .....

### COMMENTS

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Place/date ..... Signature .....