





**A rellenar por la administración**

Visita realizada el \_\_\_ de \_\_\_\_\_ de \_\_\_\_\_, siendo las \_\_\_\_\_ horas

El personal técnico:

\_\_\_\_\_

Fdo.:

La persona arrendataria o su representante:

DNI \_\_\_\_\_

Fdo.:

**Observaciones:**

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PROCEDE:    Sí                     NO                     Parcialmente

**Información complementaria:**

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En Málaga, a \_\_\_\_\_ de \_\_\_\_\_ de \_\_\_\_\_