



**MVK**

*A megbízható útitárs*

A Miskolc Csoport tagja

MISKOLC VÁROSI KÖZLEKEDÉSI ZRT.

## Leniency Request for Penalty Fare Settlement

Name: .....

Address: .....

Place and date of birth: .....

Mother's name: .....

ID card, address card or student card number:

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Date(s) of the penalty fare(s) imposed: .....

If you received a payment notice, the reference or customer identification number on the notice:

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Amount of penalty fare: ..... HUF

Telephone number, e-mail address (in case of reconciliation): .....

Reason for leniency request:

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In case of a request for instalment, the acceptable duration and amount:

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By submitting my application, I acknowledge that:

- The MVK Zrt.'s competent decision maker will decide on the acceptance or rejection of my penalty fare leniency request within the framework of regulations in force;
- The conditions set out in the written notification of the decision, if accepted, shall be considered as a formal agreement between the parties;
- In the event of disagreement, I have 15 days to contact MVK Zrt.
- to discuss and agree on the telephone number indicated in the notification letter, if I do not contact MVK Zrt., I will be deemed to have accepted the content of the notification received.
- If I do not start repaying the instalments within 15 days of receipt of the notification letter on the decision of my leniency request or within the first deadline indicated in the notification, or if I do not meet the deadlines for payment of the instalments, my current debt or all my debts recorded in the
- penalty fare registration system of MVK Zrt. will be enforced in one lump sum by
- out of court or transferred to a third party for the purpose of claims management,
- in accordance with the provisions of the Rules and Regulations.

Miskolc, Day ..... Month ..... Year 20.....

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Signature of requestor