Application form for access to information

FIRST AND LAST NAME/ TITLE:	
ADDRESS:	
PHONE:	
E-MAIL:	
THE CONSTITUTIONAL COURT OF BOX	SNIA AND HERZEGOVINA
Reisa Džemaludina Čauševića 6/III	
71 000 Sarajevo	
Subject: Access to information in accordation Information in BiH	ance with the Law on Freedom of Access to
Pursuant to the Law on Freedom of Access to I request that I am granted access to the followin	Information in Bosnia and Herzegovina, I hereby ag information:
(Specify exactly what information you are look	ting for and describe it as accurately as possible.)
Date:	Signature of the applicant: