

# APPLICATION FOR RESPITE

Legal Register Centre  
Requests for Respite  
PO Box 157  
13101 HÄMEENLINNA

Fax: 029 56 65782

Applicant's Name	ID Code
Street Address	
Postal Code and Post Office	
Telephone	

## Claims awarded to the State, for whose payment respite is requested

Matter	Reference number	Euros

## Grounds for requesting respite for payment

<input type="checkbox"/> illness
<input type="checkbox"/> unemployment
<input type="checkbox"/> military
<input type="checkbox"/> other reason, what:
Additional Information

## Payment Plan

<input type="checkbox"/> payable in full by
<input type="checkbox"/> payable in instalments                      euros per month

Date and Signature
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Appendages
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