**Форма заявления**

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                                                        Наименование органа или должностного лица

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                                                  Ф.И.О. обратившегося

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                                                      Место жительства

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                                                      Место работы или учебы

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                                               телефон

                                            ОБРАЩЕНИЕ

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                                                               Излагается существо обращения

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Дата \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                     Подпись \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_