Главе муниципального района

«Оловяннинский район»

Антошкину А.В..

От\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Адрес регистрации/проживания:

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Заявление (обращение)

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Заявитель\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Ф.И.О.) (подпись)

«\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_г.

Даю согласие на обработку персональных данных\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(подпись)