# Главе муниципального образования «Ильдибаевское»

# Е.Н.Лопатиной

**Ф.И.О. заявителя:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(полностью)*

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**Адрес заявителя:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ЗАЯВЛЕНИЕ**

**ПРЕДЛОЖЕНИЕ/ ЖАЛОБА**

*(нужное подчеркнуть)*

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Приложение:

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( число, подпись)

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