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|  | В | *отраслевой орган Администрации* | | | | | | | | |
|  | (наименование органа местного самоуправления) | | | | | | | | |
|  | *Каменск-Уральског*о *городского округа по жилищному хозяйству* | | | | | | | | |
| от |  | | | | | | | | |
|  | (фамилия, имя, отчество заявителя) | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| Полный адрес места жительства: | | | | | | |  | | |
|  | | | | | | | | | |
| Телефон: | | |  | | | | | | |
| Паспорт серия | | | | | |  | | № |  |
| Выдан | |  | | | | | | | |
|  | | (дата выдачи) | | | | | | | |
| Кем выдан | | | |  | | | | | |
| Дата рождения | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

ЗАЯВЛЕНИЕ

о возобновлении выплаты

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К заявлению прилагаю следующие документы

|  |  |
| --- | --- |
| №  п/п | Наименование документа |
|  |  |
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|  |  |

"\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_ г. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(подпись заявителя)

Заявление принял:

|  |  |  |
| --- | --- | --- |
| Регистрационный номер заявления | Дата приема заявления | Ф.И.О., подпись специалиста принявшего заявление |
|  |  |  |