ВРИП главы Симского городского поселения

Гафарову Р.Р.

 от\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (фамилия,имя,отчество)

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ЗАЯВЛЕНИЕ

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К заявлению прилагаю:

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Дата Подпись

«\_\_\_»\_\_\_\_\_\_\_\_\_20 г. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_