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| 下渚湖街道街道政府信息公开申请表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 申请人信息 | 公民 | 姓　　名 |  | 工作单位 |  |
| 证件名称 |  | 证件号码 |  |
| 通信地址 |  | 邮政编码 |  |
| 联系电话 |  |
| 电子邮箱 |  |
| 法人/其他组织 | 名　　称 |  | 组织机构代码 |  |
| 营业执照信息 |  |
| 法定代表人或负责人 |  | 联系人姓名 |  |
| 联系人电话 |  |
| 联系人电子邮箱 |  |
| 申请人签名或者盖章 |  |
| 申请时间 |  |
| 申请表提交的科室或条线 |  |
| 所需信息情况 | 所需信息的内容描述 |  |
| 所需信息的用途描述 |  |
| 所需信息的指定提供方式（可多选）□纸质□电子邮件□光盘 | 获取信息的方式（可多选）□邮寄□电子邮件□传真□自行领取/当场阅读、抄录 |
| □ 若本机关无法按照指定方式提供所需信息，也可接受其他方式 |
|  |  |  |  |  |  |  |  |  |  |  |  |

说明：1.申请表应填写完整，对没有联系方式或联系方式有误的信息恕不回复。2.申请表内容应真实有效，同时申请人对申请材料的真实性负责。 |
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