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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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