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|  | | | | | | | | Главе муниципального образования город-курорт Анапа | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | (Ф.И.О. главы муниципального образования) | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | гражданина(ки) | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | (фамилии, имя, отчество)  , | | | | | | | |
|  | | | | | | | | зарегистрированного(ой) по месту жительства | | | | | | | | | | | | | | | | | | | |
| по адресу: | | | | | | |  | | | | | | | | | | | | |
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|  | | | | | | | | населенный пункт, улица, номер дома, квартиры | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | работающего(ей) в | | | | | | | | | | | | | |  | | | | | |
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|  | | | | | | | | (полное наименование организации) | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | в должности | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | номера телефонов: рабочего | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | мобильного | | | | | | | |  | | | | | | | | | | | |
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| **заявление о принятии на учет.** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Прошу Вас принять меня на учет в качестве нуждающегося в | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| служебном жилом помещении в связи с | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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| (прохождением муниципальной службы, | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| трудовыми отношениями) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| и в связи с отсутствием принадлежащего мне или члену (ам) моей семьи на | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| территории муниципального образования город-курорт Анапа жилого помещения (занимаемого по договору социального найма).  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (иные основания) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Состав моей семьи | | | | | |  | | | | | | | | | | | | | | | | | | | человек: | | |
| 1 .Заявитель | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | (Ф.И.О., число, месяц, год рождения) | | | | | | | | | | | | | | | | | | | | | |
| 2. Члены семьи заявителя: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (Ф.И.О., число, месяц, год рождения) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (Ф.И.О., число, месяц, год рождения) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (Ф.И.О., число, месяц, год рождения) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| К заявлению прилагаются документы: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  11. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  12. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  13. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Подписи совершеннолетних членов семьи: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| подпись (расшифровка) | | | | | | | | | |  | | | | | | | | | | | | | подпись (расшифровка) | | | | |
| подпись (расшифровка) | | | | | | | | | |  | | | | | | | | | | | | | подпись (расшифровка) | | | | |
| « |  | | » |  | 20 | |  | | г. | |  | | ч. |  | | | мин. | | | | подпись заявителя | | | | |  | | |
|  | | | | (дата) |  | | | | | | | (время) | | | | | | |  | | | | | | | | |

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