**Главе администрации сельского поселения**

**Каверинский сельсовет**

**Добринского муниципального района**

**Ширяеву Денису Ивановичу**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(фамилия, имя, отчество заявителя)

Проживающего по адресу:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Тел.(E-mail):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ЗАЯВЛЕНИЕ

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Подпись

Дата\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_