**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_