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|  |  |  |  |  |  | Приложение № 2  к Положению о пункте проката  технических средств реабилитации,  выдаваемых отдельным категориям граждан  во временное пользование | | | | | | | |
|  |  |  |  |  |  | |  | | | | | |
|  | | | | | Государственное автономное учреждение Новосибирской области "Дом ветеранов Новосибирской области"  Директору Скоромных Наталье Юрьевне  От: : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  СНИЛС: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Документ, удостоверяющий личность:  Паспорт гражданина РФ:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  выдан: : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  дата выдачи: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Адрес: : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
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|  |  |  |  | Телефон: : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
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| **ЗАЯВЛЕНИЕ**  **о предоставлении технического средства реабилитации**  **во временное пользование** | | | | | | | | | | | | |
| Прошу предоставить во временное пользование технические средства реабилитации на период с «\_\_\_»\_\_\_\_\_\_20\_\_\_ г. по «\_\_\_»\_\_\_\_\_\_ 20\_\_\_г.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.: | | | | | | | | | | | | |
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| К заявлению прилагаю следующие документы: | | | | | | | | | | | | |
| 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
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| " " | |  | 20 г. | |  | | | |  | |  | |
|  |  |  | |  | |  | |  | |
| (дата обращения) | | | | |  |  | |  | | (подпись заявителя) | | | |

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