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| **梅州市梅县区应急管理局信息公开申请表**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |  |
| 联系电话 |  | 邮政编码 |  |
| 电子邮箱 |  |
| 法人或者其他组织 | 名 称 |  | 组织机构代码 |  |
| 营业执照 |  |
| 法人代表 |  | 联系人 |  |
| 联系人电话 |  |
| 联系人邮箱 |  |
| 申请人签名或者盖章 |  |
| 申请时间 |  |
| 所需信息情况 | 所需信息内容描述 |  |
| **选 填 部 分** |
| 所需信息的信息索取号 |  |
| 所需信息的用途 |  |
| 是否申请减免费用 | 信息的指定提供方式□ 纸面□ 电子邮件□ 光盘□ 磁盘（可多选） | 获取信息方式 |
| □ 申请请提供相关证明□ 不(仅限公民申请) | □ 邮寄□ 快递□ 电子邮件□ 传真□ 自行领取/当场阅读、抄录（可多选） |
| □ 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 |
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