Директору ЗДО №35

Грицак Т.Ю.

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

(ПІБ заявника)

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

(адреса заявника)

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

( телефон заявника)

**Заява**

Дата \_\_\_\_\_\_\_\_\_\_\_\_\_\_ подій.

Короткий опис подій, свідком чи учасником яких Ви стали:

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 (дата)                                                                             (підпис)