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| --- |
| Forma patvirtinta |
| Klaipėdos miesto savivaldybės administracijos |
| direktoriaus 2016 m. balandžio 29 d. |
| įsakymu Nr. AD1-1310 |

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| Vardas |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| Pavardė |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| Asmens kodas | | | | | |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | |
| Deklaruota gyvenamoji vieta | | | | | | | | | | | | | | | | | | | Tel. | | | | | | | | | | |
| Faktinė gyvenamoji vieta, jei ji nesutampa su deklaruota gyv. vieta | | | | | | | | | | | | | | | | | | | El. pašto adresas | | | | | | | | | | |
| Kontaktai informacijai gauti | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |

**Klaipėdos miesto savivaldybės administracijos**

**Socialinių reikalų departamento**

**Socialinės paramos skyriui**

# PRAŠYMAS

**DĖL**

(trumpas pavadinimas)

20 m. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ d.

Klaipėda

Prašau \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(parašas) (Vardas ir pavardė)