**Ф-01/ІК-51/11/27**

**Директору департаменту соціального захисту населення Волинської облдержадміністрації**

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**Від кого** (відомості про фізичну особу)

Прізвище

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Ім’я

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По батькові

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Адреса

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Пенсійне посвідчення

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Посвідчення ветерана війни

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Виплата через

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Рахунок

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**З А Я В А**

Прошу виплачувати компенсацію на бензин, ремонт та технічне обслуговування автомобіля, згідно постанови Кабінету Міністрів України від 14.02.2007 №228.

Відповідно до Закону України «Про захист персональних даних» надаю згоду департаменту соціальної політики Луцької міської ради на обробку моїх персональних даних виключно з метою оформлення виплати компенсації.

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 Дата Підпис

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| Заяву та документи на \_\_\_\_\_\_\_\_ аркушах прийнято «\_\_\_»\_\_\_\_\_\_\_\_\_ 20\_\_\_\_р. та зареєстровано під № \_\_\_.Додатково для розгляду заяви необхідно додати до «\_\_\_»\_\_\_\_\_\_\_\_\_ 20\_\_\_р.такі документи \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ «Ознайомився»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(прізвище та підпис відповідальної особи) (підпис заявника, законного представника) |
| **Лінія відрізу** |
|  Заяву та документи на \_\_\_\_\_\_\_\_ аркушах прийнято «\_\_\_»\_\_\_\_\_\_\_\_\_ 20\_\_\_\_р. та зареєстровано під № \_\_\_.Додатково для розгляду заяви необхідно додати до «\_\_\_»\_\_\_\_\_\_\_\_\_ 20\_\_\_р.такі документи \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ «Ознайомився»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(прізвище та підпис відповідальної особи) (підпис заявника, законного представника) |