**Ф-01/ІК-62/11/38**

**Директору департаменту соціальної політики Луцької міської ради \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

постраждалого внаслідок аварії на ЧАЕС \_\_\_ категорії, посвідчення серія \_\_\_\_\_ номер \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

видане Волинською облдержадміністрацією

 від «\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_р.

Прізвище

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Ім’я

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По батькові

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Адреса

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Телефон

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Виплата через (банк/поштою)

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Рахунок

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Ідентифікаційний код

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**З А Я В А**

Прошу відшкодувати кошти за надані послуги з безкоштовного зубопротезування в сумі \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Надаю згоду на обробку моїх персональних даних виключно з метою відшкодування коштів за надані послуги з зубопротезування.

**Перелік документів, що додаються:**

1. Оригінал касового чека.
2. Акт виконаних робіт № \_\_\_\_\_\_\_\_ від \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
3. Прибутковий ордер.

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Дата Підпис

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| Заяву та документи на \_\_\_\_\_\_\_\_ аркушах прийнято «\_\_\_»\_\_\_\_\_\_\_\_\_ 20\_\_\_\_р. та зареєстровано в реєстрі під № \_\_\_\_\_\_.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ «Ознайомився»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(прізвище та підпис відповідальної особи) (підпис заявника, законного представника) |
| **Лінія відрізу** |
|  Заяву та документи на \_\_\_\_\_\_\_\_ аркушах прийнято «\_\_\_»\_\_\_\_\_\_\_\_\_ 20\_\_\_\_р. та зареєстровано в реєстрі під № \_\_\_\_\_\_.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ «Ознайомився»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(прізвище та підпис відповідальної особи) (підпис заявника, законного представника) |