Директору ЗДО №5

Кочетовій В.Г.

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

(ПІБ заявника)

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

(адреса заявника)

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( телефон заявника)

**Заява**

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

Короткий опис подій, свідком (чи учасником) яких Ви стали:

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(дата)      (підпис)