*8-(499) 748-13-54*

*контактный телефон*

 *в секретариат*

*Начальнику Первого территориального управления*

*ГБУ МосгорБТИ*

*А.В. Кущу*

*От \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*почтовый адрес:*

*индекс\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ город\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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*конт. тел:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*e-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*действующего (ей) по доверенности от
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*ЗАЯВЛЕНИЕ*

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дата: подпись: