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| 附件：  涞水县残联信息公开申请表     |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 申请人信息 | 公民 | 姓名 | | |  | 工作单位 | | | |  | | | | | 证件名称 | | |  | 证件号码 | | | |  | | | | | 通信地址 | | |  | | | | | 邮政编码 | | |  | | 联系电话 | | |  | | | | | | | | | | 电子邮箱 | | |  | | | | | | | | | | 法人/其它组织 | 名称 | | |  | | 组织机构代码 | | | | |  | | | 营业执照信息 | | |  | | | | | | | | | | 法人代表 | | |  | | | 联系人姓名 | | |  | | | | 联系人电话 | | |  | | | | | | | | | | 联系人电子邮箱 | | |  | | | | | | | | | | 申请人签名或者盖章 | | | |  | | | | | | | | | | 申请时间 | | | |  | | | | | | | | | | 所需信息情况 | 所需信息的内容描述 |  | | | | | | | | | | | | | 所需信息的索取号 | |  | | | | | | | | | | | | 所需信息的用途 | |  | | | | | | | | | | | | 选   填   部   分 | | | | | | | | | | | | | | 是否申请减免费用  □ 申请。请提供相关证明  □ 不申请。 | | | 所需信息的指定提供方式（可多选）  □ 纸面  □ 电子邮件  □ 光盘  □ 磁盘 | | | | | 获取信息的方式（可多选）  □ 邮寄  □ 快递  □ 电子邮件  □ 传真  □ 自行领取/当场阅读、抄录 | | | | | | □ 若残联部门无法按照指定方式提供所需信息，也可接受其他方式 | | | | | | | | | | | | | |