|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |

 |