**Ф-01/ІК-30/42/22**

**Департамент з питань ветеранської політики Луцької міської ради**

 **Від кого** (відомості про фізичну особу)

 Прізвище

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 Ім’я

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 По батькові

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 **Адреса**

 Місто/село/селище

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 Вулиця, проспект, провулок

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 Номер будинку, квартири

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 Номер мобільного телефону

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**З А Я В А**

Прошу видати талони на проїзд.

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Відповідно до Закону України «Про захист персональних даних» надаю згоду на обробку моїх персональних даних виключно з метою встановлення статусу особи з інвалідністю внаслідок війни та видачею\продовження пільгового посвідчення.

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 Дата Підпис