PRIMĂRIA MUNICIPIULUI CÂMPULUNG MOLDOVENESC

**FORMULAR ÎNSCRIERE ÎN AUDIENŢĂ**

###### Nr. de ordine \_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Pentru audienţă la: | | |  | PRIMAR |
|  | | |  | **VICEPRIMAR** |
|  | | |  | **SECRETAR** |
|  | Tip audienţă: |  | Informaţie publică | |
|  |  |  | Petiţie | |
|  |  |  | Propunere | |
|  |  |  | Reclamaţie | |
|  |  |  | Altele | |

Nume \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ prenume \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, cu domiciliul în localitatea \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, str. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ nr. \_\_\_\_, bl. \_\_\_\_, sc. \_\_\_\_\_ et. \_\_\_\_\_, ap. \_\_\_\_, judeţul \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, identificat cu B.I./C.I. seria \_\_\_\_ nr. \_\_\_\_\_\_\_\_\_\_\_\_, eliberat de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, la data de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Date de contact: telefon fix \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, mobil \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Motivul solicitării audienţei: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dacă s-a mai adresat cu aceeaşi problemă: \_\_\_\_\_\_ şi la ce serviciu \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Numărul de înregistrare a solicitării (dacă este cazul) \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_.

Data înscrierii: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data audienţei: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

### PRECIZĂRILE COMPARTIMENTULUI FUNCŢIONAL

*(se completează de către compartimentul funcţional)*

**Compartimentul funcţional competent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Precizări / Opinia compartimentului funcţional privind problema cetăţeanului**

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**Semnătura funcţionarului responsabil \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**