**3.10.**

**Бланк заявления**

**о включении избирателя в список избирателей по месту
нахождения, подающегося на выборах депутатов Законодательного Собрания Краснодарского края шестого созыва в участковые избирательные комиссии в период с 30 августа по 4 сентября 2017 года**

**ЗАЯВЛЕНИЕ**

Место для
машиночитаемого кода

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| № ТИК |  | № УИК |  | № по порядку |

Место подачи: |

В соответствии с пунктом 16 статьи 64 Федерального закона «Об основных гарантиях избирательных прав и права на участие в референдуме граждан Российской Федерации» прошу включить меня в список избирателей на выборах депутатов Законодательного Собрания Краснодарского края шестого созыва
«10» сентября 2017 года по месту нахождения
на избирательном участке №

Информацию об избирательном участке по месту нахождения можно получить
по телефону (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_или на сайте www.KRASNODAR.IZBIRKOM.ru в сети Интернет.

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| Отчество |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Дата рождения |  |  |  |  |  |  |  |  |  |  |

Адрес места жительства (в соответствии с паспортом гражданина Российской Федерации)

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| (наименование субъекта Российской Федерации) |
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(муниципальный район)

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(населенный пункт)

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(улица (микрорайон)

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| (дом) | (корпус (строение, владение) | (квартира (комната) |

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| Паспорт гражданина Российской Федерации (в период замены паспорта – временное удостоверение личности) | серия |  |  |  |  | номер |  |  |  |  |  |  |
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Уведомлен(а) о том, что заявление о включении в список избирателей по месту нахождения может быть подано **только один раз**.

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| (число) |  | (месяц) |  | (год) |  |  | (часы) |  | (минуты) |  | (подпись) |

**ОТРЫВНОЙ ТАЛОН (передается избирателю)**

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| Место подачи: |

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| (№ ТИК) |  | (№ УИК) |  | (№ по порядку) |

 |
| **МП** | № избирательного участка по месту нахождения |

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(фамилия, инициалы лица, принявшего заявление) |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(подпись) |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(дата) |