**LISTA OSÓB POPIERAJĄCYCH  
zadania zgłaszanego do Budżetu Obywatelskiego Powiatu Rawskiego (min. 30 osób)  
Proszę wypełnić czytelnie, najlepiej drukowanymi literami**

**Nazwa zadania** (zgodna z nazwą zadania w formularzu zgłoszeniowym zadania)

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**Lokalizacja/miejsce realizacji**......................................................................................................................

**gmina/powiat**......................…………………………………………………………………………………

**Dane wnioskodawcy**

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**Całkowity koszt zadania**

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***Proszę wypełnić czytelnie, najlepiej drukowanymi literami***

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| **Lp.** | **Imię i nazwisko** | **Adres zamieszkania** | **Data urodzenia** | | | | | | | | | | **Własnoręczny podpis** |
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