Додаток 2

до рішення виконавчого комітету

міської ради

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ № \_\_\_\_\_\_\_\_\_

**Департамент соціальної та ветеранської політики Луцької міської ради**

**Від кого** (відомості про військовозобов’язаного)

Прізвище

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Ім’я

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По батькові

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**АДРЕСА**

Місто/село

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Вулиця

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Номер будинку Номер квартири

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Номер мобільного телефону

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**ЗАЯВА**

Відповідно до п. 61 Порядку проведення призову громадян на військову службу під час мобілізації, на особливий період, затвердженого постановою Кабінету Міністрів України від 16 травня 2024 року № 560 прошу скласти та видати мені акт про встановлення факту здійснення особою догляду (постійного догляду) за

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(прізвище, ім’я, по батькові особи, яка потребує догляду)

проживає за адресою:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_та являється мені \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(вказати ступінь родинного зв’язку)

Підписанням цієї заяви не заперечую та даю згоду на обробку персональних даних для отримання адміністративної послуги в департаменті соціальної та ветеранської політики Луцької міської ради.

Мені відомо про мої права, визначені Законом України «Про захист персональних даних».

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(дата) (підпис)

Заступник міського голови,

керуючий справами виконкому Юрій ВЕРБИЧ

Майборода 284 177