**ЗАЯВКА**

**о предоставлении информационно-правовой помощи**

**Дата обращения «**\_\_\_**»** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_г.

**Сведения об обратившемся лице:**

Фамилия, имя, отчество \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Дата рождения **«**\_\_\_**»** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_г.

Адрес:

Населенный пункт \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Почтовый индекс \_\_\_\_\_\_\_\_\_\_\_\_

Улица, дом, квартира \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Телефон \_\_\_\_\_\_\_\_\_\_\_

Иные данные для связи (при необходимости) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Категория граждан (нужное подчеркнуть):

Пенсионер

Ветеран

Инвалид

Несовершеннолетний

Студент

Многодетная семья

Безработный

Малообеспеченные граждане

**Суть дела:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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