**LISTA POPARCIA**

**Udzielam poparcia kandydatowi ……………………………………………….…………………………… zgłaszanego przez ………..……………………………………………………………….** (imię i nazwisko kandydata) (imię i nazwisko zgłaszającego)

**w wyborach do Młodzieżowej Rady Gminy Stary Sącz**

**WYKAZ PODPISÓW**

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| **Lp.** | **Imię i nazwisko** | **Adres zamieszkania** | **Data urodzenia**  **(dzień – miesiąc – rok)** | | | | | | | | | | **Data udzielenia poparcia oraz własnoręczny podpis** |
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