ФОРМА

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| **ЗАЯВЛЕНИЕ** |
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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 досрочных выборах Главы Республики Мордовия, депутатов Государственного Собрания Республики Мордовия седьмого созыва **19 сентября 2021 года** по месту нахождения в день голосования на избирательном участке №

Место нахождения

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| (код) | | (наименование субъекта Российской Федерации, наименование иностранного государства) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

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

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| (код) | | | |
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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) | | | | | | (номер телефона) | | | | | | | | | | | |

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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**, а также о порядке аннулирования указанного заявления.

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

**ОТРЫВНАЯ ЧАСТЬ ЗАЯВЛЕНИЯ О ГОЛОСОВАНИИ ПО МЕСТУ НАХОЖДЕНИЯ (передается избирателю)**

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Информацию об избирательном участке по месту нахождения можно получить по телефону  
+7 800 200 00 20 или на сайте www.cikrf.ru в сети Интернет.

Заявление о голосовании по месту нахождения может быть подано **только один раз**.

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| **МП** | №  избирательного участка по месту  нахождения в день голосования | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | | | Код субъекта Российской  Федерации по месту нахождения | | | |  |  | | --- | --- | | ***1*** | ***3*** | |
| |  | | --- | |  |   (фамилия, имя, отчество избирателя)  Республика Мордовия, *\_\_\_*  (наименование субъекта Российской Федерации (наименование иностранного государства)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_телеф**он: \_\_\_\_\_\_\_\_\_\_\_\_\_**  (адрес помещения для голосования и номер телефона УИК по месту нахождения **(ВНИМАНИЕ: адрес помещения для голосования может быть изменен)** | | | | | | | | | |
| |  | | --- | |  |   (фамилия, инициалы лица, принявшего заявление) | | |  | |  | | --- | |  |   (подпись) | |  | |  | | --- | |  |   (дата) | | |