ФОРМА

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| **ЗАЯВЛЕНИЕ** |
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| код субъекта РФ |  | № МФЦ |  | № УИК |

Место подачи: |

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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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| Имя |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

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

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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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| код субъекта РФ |  | № МФЦ |  | № УИК |

Место подачи: |

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 |

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 | Код субъекта Российской Федерации по месту нахождения |

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(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)** |
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(фамилия, инициалы лица, принявшего заявление) |  |

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