Załącznik Nr 2 do Statutu

Rady Seniorów Miasta Żyrardowa

**Wzór listy poparcia dla kandydata (minimum 12 osób)**

Imię i Nazwisko kandydata:

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| **Lp.** | **IMIĘ I NAZWISKO** | **PESEL** | | | | | | | | | | | **DATA** | **PODPIS** |
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