**Директору ООО «СарРЦ»**

**Е.В. Амеровой**

**ЗАЯВЛЕНИЕ**

(для потребителей в МКД)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Фамилия** |  |  | **Имя** |  |  |

|  |  |
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| **Отчество** |  |

**Прилагаю следующие документы (нужное отметить):**

|  |  |
| --- | --- |
|  | Документ, подтверждающий право собственности |
|  | Справка Формы 1 |
|  | Акты установки/замены/поверки ИПУ |
|  | Паспорт на ИПУ |
|  | Чеки об оплате |
|  | Платежный документ с последними учтенными оплаченными показаниями |

**Паспортные данные: Серия\_\_\_\_\_\_\_\_\_\_ Номер\_\_\_\_\_\_\_\_\_\_ Дата выдачи\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Кем выдан** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Дата рождения** |  |  |  |  |  |  | г. |  | **Место рождения** |  |

**Адрес объекта обслуживания:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Индекс** |  |  |  |  |  |  | **Район** | |  | | | | | **Город/нас. пункт** | | | |  | |
| **Улица** |  | | | | | | **Дом** |  | |  |  |  | **Корпус** | |  |  | **Кв./ком. в комм. кв.** | |  |

**Контактные данные: Телефон\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Эл. почта\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |
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| **Лицевой счет №** |  |  |  |  |  |  |  |  |  |  |

**Приборы учета ХВС:**

1. Марка\_\_\_\_\_\_, зав.№\_\_\_\_\_\_\_\_\_\_\_\_\_, гос. пов. действ-на до\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

место установки\_\_\_\_\_\_\_\_\_\_\_\_показания\_\_\_\_\_\_м3, дата показаний \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Марка\_\_\_\_\_\_, зав.№\_\_\_\_\_\_\_\_\_\_\_\_\_, гос. пов. действ-на до\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

место установки\_\_\_\_\_\_\_\_\_\_\_\_показания\_\_\_\_\_\_м3, дата показаний \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Марка\_\_\_\_\_\_, зав.№\_\_\_\_\_\_\_\_\_\_\_\_\_, гос. пов. действ-на до\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

место установки\_\_\_\_\_\_\_\_\_\_\_\_показания\_\_\_\_\_\_м3, дата показаний \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 наличие тех.возможности установки ИПУ (при отсутствии)

**ТЕКСТ ЗАЯВЛЕНИЯ**

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\*Своей подписью Вы подтверждаете право на доступ к Вашим персональным данным и их обработку

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

(Фамилия И.О.) (Подпись) (Дата)