**Директору ООО «СарРЦ»**

**Е.В. Амеровой**

**ЗАЯВЛЕНИЕ**

(Заявление заполняется разборчиво прописными/ печатными буквами)

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|  | **СОБСТВЕННИК** |  |

**ПРЕДСТАВИТЕЛЬ**

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| **Фамилия** |  |  | **Имя** |  |  |

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| **Отчество** **(при наличии)** |  |

**Приложен документ, подтверждающий полномочия собственника представителя (нужное отметить):**

|  |  |
| --- | --- |
|  | Решение органа опеки и попечительства о назначении опекуна или попечителя (акт, постановление и пр.) |
|  | Договор об осуществлении опеки или попечительства |
|  | Доверенность |
|  | Свидетельство о праве на наследство |

**Паспортные данные:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Серия:** |  |  |  |  |  | **Номер:** |  |  |  |  |  |  |  | **Дата выдачи:** |  |  |  |  |  |  |  |  |

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

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

**Адрес:**

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

**Контактные данные:**

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| **№ телефона** | +7 |  |  |  |  |  |  |  |  |  |  |
| **Адрес эл. почты (при наличии)** | @ | | | | | | | | | | |

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

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

**Ответ прошу направить:** на пункт абонентского обслуживания по адресу:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

на адрес электронной почты:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Собственник/представитель:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_

*подпись (фамилия, инициалы) дата*

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

Примечание: \*Заявление в свободной форме применяется в случае наличия у клиента каких-либо претензий, жалоб: по качеству коммунальной услуги, по качеству доставки, либо недоставки счета на оплату коммунальной услуги, по качеству оказания услуги в частности клиентского сервиса.

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| **Дата приема заявления:** |  |  | **/.** |  |  | **/.** | **22** | **00** |  |  | **Uг.** |

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| **Зарегистрировано №:** |  |  |  |  |  |  |  |

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(Фамилия И.О. специалиста) (Подпись)