

**MODULO DI RECLAMO**

**Al Direttore dell’Ufficio di Piano**

**Ambito Territoriale di Poggiardo**

**RECLAMO PRESENTATO DA:**

Cognome\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nome\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nato/a a\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ il\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residente a\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Via\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N°\_\_\_\_\_\_\_\_\_

Telefono\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SERVIZIO PER CUI SI E’ RISCONTRATA L’IRREGOLARITA’**

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**GIORNO E ORA IN CUI E’ STATA RISCONTRATA L’IRREGOLARITA’**

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**MOTIVO DEL RECLAMO**

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**SUGGERIMENTI**

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Data

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Firma

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