附件1

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| 广州市天河区**政府信息公开申请表**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 申请人信息 | 公民 | 姓名 |  | 工作单位 | |  | | 证件名称 |  | 证件号码 | |  | | 通信地址 |  | | | | | 联系电话 |  | 邮政编码 | |  | | 电子邮箱 |  | | | | | 法人或者其他组织 | 名 称 |  | 组织机构代码 | |  | | 营业执照 |  | | | | | 法人代表 |  | 联系人 | |  | | 联系人电话 |  | | | | | 联系人邮箱 |  | | | | | 申请人签名或者盖章 | |  | | | | | 申请时间 | |  | | | | | 所需信息情况 | 所需信息内容描述 |  | | | | | | **选 填 部 分** | | | | | | | 所需信息的信息索取号 | |  | | | | | 所需信息的用途 | |  | | | | | 是否申请减免费用 | | 信息的指定提供方式  □ 纸面  □ 电子邮件  □ 光盘  □ 磁盘  （可多选） | | 获取信息方式 | | | □ 申请  请提供相关证明  □ 不  (仅限公民申请) | | □ 邮寄  □ 快递  □ 电子邮件  □ 传真  □ 自行领取/当场阅读、抄录  （可多选） | | | □ 若本机关无法按照指定方式提供所需信息，也可接受其他方式 | | | | | | |  |