**WYKAZ OSÓB POPIERAJĄCYCH KANDYDATA NA SOŁTYSA SOŁECTWA MEDYNIA KAŃCZUCKA**

**W WYBORACH UZUPEŁNIAJĄCYCH NA SOŁTYSA SOŁECTWA MEDYNIA KAŃCZUCKA**

**ZARZĄDZONYCH NA DZIEŃ 18 LUTY 2018 R.**

Udzielam poparcia kandydatowi na sołtysa sołectwa

**Medynia Kańczucka**

Pani/Panu…………………………………………………………….....

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| **Lp.** | **Imię i nazwisko** | **PESEL** | **Adres zamieszkania** | **Podpis** |
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