Директору Череповецкого филиала ФБУ «Вологодский ЦСМ»

Козловской Е.Г.

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**ЗАЯВКА**

Прошу предоставить следующую нормативную документацию:

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Оплату гарантирую.

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 руководитель подпись ФИО

Исполнитель:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

тел.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_