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| **Lp** | **Imię (imiona)** | **Nazwisko** | **PESEL** | | | | | | | | | | | **Posiadam czynne prawo**  **wyborcze** | **Numer telefonu kontaktowego\*** | **Miejsce stałego zamie-**  **szkania** | **Własnoręczny podpis** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

# Pierwsza osoba wymieniona na liście jest uprawniona do składania wyjaśnień w sprawie zgłoszenia kandydata na ławnika przez obywateli

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| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 17 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 25 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Lp** | **Imię (imiona)** | **Nazwisko** | **PESEL** | **Posiadam czynne prawo**  **wyborcze** | **Numer telefonu kontaktowego\*** | **Miejsce stałego zamie-**  **szkania** | **Własnoręczny podpis** |

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| 33 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 43 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 44 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 45 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 49 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 53 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 54 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 55 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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