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|  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | | | | |  | |  | *(*iesniedzēja vārds, uzvārds*)* | | | | | | | |  |  | | | | | | | |  | *(*personas kods*)* | | | | | | | |  | *(deklarētā adrese)* | | | | | | | |  |  | | | / |  | | | | |  | *(tālrunis)* |  | *(elektroniskā pasta adrese)* | | | | | |

**IESNIEGUMS**

par deklarētās dzīvesvietas izziņu

**Valmieras novada pašvaldībai**

Valmieras novadā

Lūdzu izsniegt man izziņu par: *(atzīmēt vajadzīgo ar Ꭓ)*

manu

mana nepilngadīgā bērna/bērnu  citu ģimenes locekļu/ citas personas **\***

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1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(vārds, uzvārds) (personas kods)

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1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

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1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

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1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

aktuālo deklarēto dzīvesvietu adresē:

|  |  |
| --- | --- |
|  | , Valmieras novadā |

Dzīvesvietas izziņa nepieciešama iesniegšanai:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(norādīt, kur izziņa tiks iesniegta)

Izziņu vēlos saņemt: *(atzīmēt vajadzīgo ar Ꭓ)*   klātienē;  pa pastu ierakstītā pasta sūtījumā;

e-pastā, parakstītu ar drošu elektronisko parakstu (piekrītu personas datu pārraidei elektroniski nešifrētā veidā)

**Apliecinu, ka iesniegumā sniegtās ziņas ir pilnīgas un patiesas**

20\_\_\_. gada \_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(datums) (mēnesis)* ***(iesniedzēja paraksts) \*\****

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*(pilngadīgā ģimenes locekļa paraksts un paraksta atšifrējums)*

***\**** *Uzrādot notariāli apstiprinātu pilnvaru pārstāvēt šo personu, vai ģimenes loceklim/ citai personai klātienē uzrādot pašvaldības darbiniekam personu apliecinošu dokumentu un parakstot šo iesniegumu*

\* *Dokumenta rekvizītus “paraksts” un “datums” neaizpilda, ja elektroniskais dokuments sagatavots atbilstoši normatīvajiem aktiem par elektronisko dokumentu noformēšanu.*

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*/Aizpilda pašvaldības darbinieks/*

Izziņas pieprasītāja/-u personu/statusu apliecinošie dokumenti:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personas vārds, uzvārds** | **Dokumenta nosaukums** | **Dokumenta Nr.** | **Izdevējiestāde** | **Izdošanas datums** |
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Piezīmes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20\_\_\_. gada \_\_\_\_ . \_\_\_\_\_\_\_\_\_\_\_\_\_\_, Izziņas Nr. \_\_\_\_\_\_\_\_ /\_\_\_\_ /\_\_\_\_\_\_\_

Darbinieks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(paraksts, vārds, uzvārds, amats)