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

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