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|  |  |  |  |  |  |  |  |  |  | **Разрешаю** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Директор ГБУ МО МОАЦ |  |  |  |
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|  |  |  |  |  |  |  |  |  |  Т.И.Любина |  |
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|  |  |  | Заказ на копирование/сканирование (нужное подчеркнуть) |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Фамилия И.О. заказчика: |  |  |  |  |  |  |  |  |
|  |  | Паспорт (серия и номер): |  |  |  |  |  |  |  |  |
|  |  | Адрес и контактный телефон: |  |  |  |  |  |
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|  | Поисковые данные документа |  |  |  |  |  |
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|  | Количество листов оригинала |  |  | Заказчик\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Количество экземпляров\_\_\_\_ |  |  |
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|  | Работа по изготовлению копий осуществляется после ее оплаты. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | 20\_\_\_\_\_\_г.  |  |  |  |  |  |  |