*Образец заявления*

Директору

МКУ «Информационно-методический центр

Юргинского муниципального района»

О.И. Сафоновой

ЗАЯВЛЕНИЕ

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Я, |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 *(Ф.И.О. полностью)* |

Паспорт: серия …………..№…………………….. выдан …………………………………….………………

…………………………………………………………………………..……..Год рождения: ……………..…

Адрес регистрации: *индекс*………………, *район, нас.пункт* ………………...............................................,

*ул.* …………………………………………….., *д.* ……………….., *кв…*……………….

Место основной работы: ………………………………………………………………………………

Должность по месту основной работы: ………………………………………………………………...

Контактный телефон: ………………………………………………………………………..

Прошу аккредитовать меня в качестве общественного наблюдателя при проведении муниципального этапа Всероссийской олимпиады школьников *по ……………..* в ……классе.

Мои близкие родственники *(дети, внуки, племянники)* в 2015 году в Олимпиаде по ………….участвуют*/*не участвуют

……………………………………………………………………………………

*(в случае если участвуют, указать, в каком классе обучаются).*

**С правами и обязанностями общественных наблюдателей ознакомлен(а).**

Дата ………………………. Подпись ……………………..

Заявление принял: …………………….… ……………………. «\_\_\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2015 г

 (Ф.И.О. лица, принявшего заявление) (Подпись)