



# PREFEITURA DE VALINHOS

Protocolo

## Requerimento

Data: \_\_\_/\_\_\_/\_\_\_

<sup>2</sup> Nome: _____			
Endereço: _____			
Bairro: _____	Cidade: _____	Estado: _____	
CEP: _____	Telefone: _____		
CPF/CNPJ: _____	E-mail: _____		

O requerente qualificado, vem muito respeitosamente submeter a apreciação do órgão competente o que segue:

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Usar verso se necessário. Assinatura no final.

<sup>4</sup>  
Nestes termos, pede deferimento

\_\_\_\_\_  
Nome

\_\_\_\_\_  
R.G

\_\_\_\_\_  
Assinatura do requerente

