LISTA OSÓB POPIERAJĄCYCH KANDYDATA NA ŁAWNIKA (KADENCJA 2020-2023)

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Imię (imiona) i nazwisko kandydata

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| **Lp.** | **Imię (imiona) i nazwisko** | **Adres stałego zamieszkania** | **Pesel** | **Własnoręczny podpis** |
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\*pierwsza osoba wymieniona na liście jest uprawniona do składania wyjaśnień zgłoszenia kandydata na ławnika