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Ime, ime oca, prezime podnosioca zahtjeva

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Adresa i broj telefona podnosioca zahtjeva

**JU CENTAR ZA SOCIJALNI RAD**

**C A Z I N**

PREDMET: Zahtjev za izdavanje uvjerenja

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Uz zahtjev prilažem:

1. Uplatnica (općinska administrativna taksa)
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PODNOSILAC ZAHTJEVA

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Br.l.k.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MUP USK, Cazin