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| **Obwodowa Komisja Wyborcza** | | | | | | | | | | | **nr** | | | | | | | | | | | | | | **w Jarosławiu** | | | | | | | | | | | | | | | | | | | | | | | |
| **PREFEROWANY OBSZAR MIASTA**  ***(wpisz, jeśli nie masz wybranej konkretnej okw)*** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Imię | | | | | | | | | | | | | | | | | | Drugie imię | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nazwisko | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adres zamieszkania  **(zgodny z adresem ujęcia  w rejestrze wyborców)** | | | | | | Gmina | | | | | | | | | | | | | | | | | | | Miejscowość | | | | | | | | | | | | | | | | | | | | | | | |
| Ulica | | | | | | | | | | | | | | | | | | | | | | | | | Nr domu | | | | | | | | | | | | | Nr lokalu | | | | | | | | | | |
| Poczta | | | | | | | | | | | | | | | | | | | Kod pocztowy | | | | | | | | | |  | |  | | | |  | | | |  | | | |  | | | |  | |
| Nr ewidencyjny PESEL | | | |  | | |  | | | | |  | | |  | | | | | |  | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | |
| Nr telefonu komórkowego | | | | **+ 48** | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | |  | | | |  | | | | | | |  | | | |  | | | |
| Adres e-mail | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oświadczam, że wyrażam zgodę na powołanie mnie w skład wskazanej wyżej obwodowej komisji wyborczej,  posiadam prawo wybierania potwierdzone wpisem do właściwego rejestru wyborców i spełniam pozostałe wymogi określone w Kodeksie wyborczym.  ....................................... dnia ..................2024 r. .................................................................  (miejscowość) (podpis kandydata na członka komisji) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Wypełnia osoba przyjmująca zgłoszenie** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Data zgłoszenia |  |  | **\_** | |  | | | |  | **\_** | | | | 2 | | 0 | | | | 2 | | | 4 | | | Godzina weryfikacji zgłoszenia | | | | | | |  | | |  | | | | : | | | |  | | |  |
| (czytelny podpis osoby przyjmującej zgłoszenie) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |