Приложение № 2 (форма)

Место для
машиночитаемого кода

к Порядку подачи заявления о включении избирателя
в список избирателей по месту нахождения на выборах Президента Российской Федерации

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| **ЗАЯВЛЕНИЕ** |
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| код субъекта РФ | № ТИК (МФЦ) |  | № УИК |

Место подачи: |

В соответствии с пунктом 41 статьи 27 Федерального закона «О выборах Президента Российской Федерации» прошу включить меня в список избирателей на выборах Президента Российской Федерации «\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_ 2018 года по месту нахождения на избирательном участке №

Место нахождения

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| (код) | (наименование субъекта Российской Федерации (наименование иностранного государства) |

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| Имя |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Дата рождения |  |  |  |  |  |  |  |  |  |  |

Адрес места жительства (в соответствии с паспортом гражданина Российской Федерации)

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| (код) | (наименование субъекта Российской Федерации) |
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(муниципальный район)

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(населенный пункт)

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(улица (микрорайон)

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| (дом) | (корпус (строение, владение) | (квартира (комната) |

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| Паспорт гражданина Российской Федерации (в период замены паспорта – временное удостоверение личности) | серия |  |  |  |  | номер |  |  |  |  |  |  |
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Уведомлен(а) о том, что заявление о включении в список избирателей по месту нахождения может быть подано **только один раз**.

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| (число) |  | (месяц) |  | (год) |  |  | (часы) |  | (минуты) |  | (подпись) |

**ОТРЫВНОЙ ТАЛОН ЗАЯВЛЕНИЯ О ГОЛОСОВАНИИ ПО МЕСТУ НАХОЖДЕНИЯ (передается избирателю)**

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| код субъекта РФ | № ТИК (МФЦ) |  | № УИК |

Место подачи: |

Информацию об избирательном участке по месту нахождения можно получить по телефону \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ или на сайте \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ в сети Интернет.

Заявление о голосовании по месту нахождения может быть подано **только один раз**.

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| **МП (штампа)** | № избирательного участка по месту нахождения |

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 | Код субъекта Российской Федерации по месту нахождения |

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(фамилия, инициалы лица, принявшего заявление) |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(подпись) |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(дата) |