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(Ime i prezime podnositelja zahtjeva)

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(Adresa)

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(OIB)

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(Kontakt tel/mob)

U Svetom Ivanu Zelini,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2023.

ZELINSKE KOMUNALIJE D.O.O.

KATARINE KRIZMANIĆ 1

10380 SVETI IVAN ZELINA

PREDMET: ZAHTJEV ZA PROMJENU NAZIVA KORISNIKA ODVOZA MIJEŠANOG

OTPADA

Molim naslov da izvrši promjenu naziva korisnika usluge odvoza miješanog komunalnog otpada.

Do sada je odvoz bio \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, OIB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ te se sada mijenja na \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, OIB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Potpis podnositelja zahtjeva