**Osoby popierające kandydata na ławnika**

………………………………………………………….………..

(imię i nazwisko kandydata)

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| --- | --- | --- | --- | --- |
| Lp. | Imię (imiona) i nazwisko | PESEL | Miejsce stałego zamieszkania | Własnoręczny podpis osoby popierającej kandydata |
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