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| Miejscowość | Ulica/nr domu/nr lokalu |
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| **Pierwsza osoba na liście jest uprawniona do składania wyjaśnień w sprawie zgłoszenia kandydata na ławnika** | | | | | | | | | | | | | | | | |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Lp. | Imię/imiona | Nazwisko | Nr ewidencyjny PESEL | | | | | | | | | | | Miejsce stałego zamieszkania | | Własnoręczny podpis |
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| Lp. | Imię/imiona | Nazwisko | Nr ewidencyjny PESEL | | | | | | | | | | | Miejsce stałego zamieszkania | | Własnoręczny podpis |
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