**OBRAZAC ZA PODNOŠENJE ZAHTJEVA ZA PRISTUP INFORMACIJAMA**

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Ime i prezime podnositelja zahtjeva:

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Adresa i mjesto stanovanja:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kontakt telefon:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail:

**JAVNA USTANOVA ZAVOD ZA JAVNO ZDRAVSTVO**

**ŽUPANIJE ZAPADNOHERCEGOVAČKE**

**Stjepana Radića bb, 88340 Grude**

**PREDMET:** Zahtjev za pristup informacijama

Na temelju Zakona o slobodi pristupa informacijama u Federaciji Bosne i Hercegovine, molim da mi omogućite pristup slijedećim informacijama:

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(Navesti što točnije koju informaciju tražite i opisati je što je moguće preciznije)

Ako je podnositelj zahtjeva pravna osoba staviti pečat.

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Mjesto i datum zahtjeva: Potpis podnositelja zahtjeva: