**ZAHTJEV ZA PRISTUP INFORMACIJAMA**

Podnositelj zahtjeva (ime i prezime/naziv, adresa/sjedište, telefon i/ili e-pošta)

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Naziv tijela javne vlasti/sjedište i adresa: **DOM ZA STARIJE OSOBE SVETI JOSIP ZAGREB,**

 **Dunjevac 17, 10 000 Zagreb, OIB 16890821011**

Informacija koja se traži \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Način pristupa informaciji (označiti)

☐ neposredan pristup informaciji ( usmenim putem)

☐ pristup informaciji pisanim putem,

☐ uvid u dokumente i izrada preslika dokumenata koji sadrže traženu informaciju,

☐ dostavljanje preslika dokumenata koji sadrži traženu informaciju,

☐ na drugi prikladan način (elektronskim putem ili drugo)

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 (mjesto i datum)

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(vlastoručni potpis podnositelja zahtjeva)