政府信息公开申请表

接受申请单位：                                       申请表编号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 申    请  人  信  息 | 公民 | 姓名 | | | |  | | 工作单位 | |  | | | | | | | | |
| 证件名称 | | | |  | | 证件号码 | |  | | | | | | | | |
| 通信地址 | | | |  | | | | 邮政编码 | | | | | |  | | |
| 联系电话 | | | |  | | | | | | | | | | | | |
| 电子邮箱 | | | |  | | | | | | | | | | | | |
| 法人、  其它  组织 | 名称 | | | |  | | 组织机构代码 | |  | | | | | | | | |
| 营业执照信息 | | | |  | | | | | | | | | | | | |
| 法人代表 | | | |  | | 联系人姓名 | |  | | | | | | | | |
| 联系人电话 | | | |  | | | | | | | | | | | | |
| 联系人电子邮箱 | | | |  | | | | | | | | | | | | |
| 申请人签名或盖章 | | | | |  | | | | | | | | | | | | |
| 申请时间 | | | | |  | | | | | | | | | | | | |
| 所    需  信  息  情  况 | 所需信息的内容描述 | | | | |  | | | | | | | | | | | | |
| 选 填 部 分 | | | | | | | | | | | | | | | | | |
| 所需信息的用途 | | | | |  | | | | | | | | | | | | |
| 所需信息指定提供方式（可多选）  □纸面   □电子邮件    □光盘  □磁盘 | | | | | 获取信息的方式（可多选）  □邮寄  □快递     □电子邮件   □传真  □自行领取、当场阅读、抄录 | | | | | | | | | | | | |
| □ 若无法按照指定方式提供所需信息，也可接受其他方式 | | | | | | | | | | | | | | | | | |
| 接收人 | | | |  | | | 接收时间 | |  | | | | | | | | | |
| 接受  申请  单位  办理  结果 | | | | （签章） | | | | | | | | | | | | | | |
| 备注 | | | |  | | | | | | | | | | | | | | |
|  | | |  |  |  | | | | | |  |  |  |  |  | |  |  | |

本表一式三份，申请人留存一份。