**KANDYDAT NA CZŁONKA OBWODOWEJ KOMISJI WYBORCZEJ**

**WYBORY DO PARLAMENTU EUROPEJSKIEGO 2024 R. \***

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| **Rezerwa Komisarza Wyborczego** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Obwodowa Komisja Wyborcza** | | | | | | | | **Nr** | | | | | | | | | | **w** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Imię | | | | | | | | | | | | | | | | | | | Drugie imię | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nazwisko | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adres zamieszkania **(zgodny z adresem ujęcia w Centralnym Rejestrze Wyborców w stałym obwodzie głosowania)** | | | | | | | Gmina | | | | | | | | | | | | | | | | | | | | | Miejscowość | | | | | | | | | | | | | | | | | | | | | | | |
| Ulica | | | | | | | | | | | | | | | | | | | | | | | | | | Nr domu | | | | | | | | | | | | Nr lokalu | | | | | | | | | | | | | |
| Poczta | | | | | | | | | | | | | | | | | | | | | | Kod  pocztowy | | | | | | | | |  | | |  | | | | | **-** | | |  | | |  | | |  | | | |
| Numer PESEL |  |  |  | |  | | |  | |  | |  | |  | |  | | | |  | | |  | | Numer  telefonu | | | | | |  | |  | | |  | | |  | |  | | |  |  |  | | |  | |
| Adres e-mail |  |  | |  | |  | | |  | |  | |  | |  | |  | | | |  | | |  | | |  | |  |  | |  | | |  | |  | | |  | | |  | |  | |  | | |  | |
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| Oświadczam, że wyrażam zgodę na powołanie mnie w skład wskazanej wyżej obwodowej komisji wyborczej, posiadam prawo wybierania potwierdzone ujęciem w Centralnym Rejestrze Wyborców w stałym obwodzie głosowania zgodnie z adresem zameldowania na pobyt stały albo adresem stałego zamieszkania i spełniam pozostałe wymogi określone w Kodeksie wyborczym.  ....................................... dnia ..................20..... r. ...............................................  (miejscowość) (podpis kandydata na członka komisji) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

\* PROSZĘ WYPEŁNIĆ DRUKOWANYMI LITERAMI