**Ф-01/ІК-28/11/14**

**Департамент соціальної та ветеранської політики Луцької міської ради**

 **Від кого** (відомості про фізичну особу)

 Прізвище

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 Ім’я

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 По батькові

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 **Адреса**

Область

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 Місто/село/селище

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 Вулиця, проспект, провулок

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 Номер будинку, квартири

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 Номер контактного телефону

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**З А Я В А**

Прошу позбавити мене статусу особи з інвалідністю внаслідок війни,
**члена сім’ї загиблого (померлого) Захисника чи Захисниці України** з таких причин:

**у зв’язку із набуттям статусу особи з інвалідністю внаслідок війни** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*Відповідно до Закону України «Про захист персональних даних» надаю згоду на обробку моїх персональних даних виключно з метою позбавлення мене статусу та подальшого вилучення пільгового посвідчення.*

\_\_\_**12.08.2024**\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Дата Підпис