**Către,**

 **UAT ..........................**

 Subsemnatul(a)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

CNP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

domiciliat(a) in.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,nr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_

bl.\_\_\_\_\_\_\_\_, Sc.\_\_\_\_\_, ap.\_\_\_\_\_, prin numitul/numita \_\_\_\_\_\_\_\_\_\_\_\_\_\_, în calitate de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,Telefon\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 Solicit întocmirea unei anchete sociale necesară la Comisia de Evaluare a Persoanelor Adulte cu Handicap Bihor.

Data Semnătura,