**DANE OSOBY UPOWAŻNIONEJ DO KONTAKTÓW WS. WNIOSKU O WYDANIE TYMCZASOWEGO POZWOLENIA NA UŻYTKOWANIE „ION” DLA MODUŁU WYTWARZANIA ENERGII TYPU D**

1. **Osoba upoważniona do kontaktów w sprawie przedmiotowego wniosku   
   (zakres umocowania zawiera pełnomocnictwo – załącznik Nr …. do WNIOSKU)**
   1. Imię

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* 1. Nazwisko

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* 1. Pełna nazwa firmy, w której zatrudniona jest osoba upoważniona do kontaktów   
     *(Nazwę firmy i dane adresowe w pkt xxx do xxx wypełniać tylko gdy są inne niż podane w pkt. xxx do xxx Bezpośrednie dane kontaktowe do osoby upoważnionej wypełnić każdorazowo)*

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* 1. Siedziba i adres
     1. Miejscowość

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* + 1. Ulica Nr

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* + 1. Poczta Kod pocztowy

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* 1. NrTelefonu

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* 1. E-mail

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