**Lista osób**

posiadających czynne prawo wyborcze, zamieszkujących stale na terenie gminy dokonującej wyboru ,

**popierających / zgłaszających (imię i nazwisko) ........................................................................................na kandydata na ławnika**

**Sądu Okręgowego / Rejonowego w Sieradzu  w wyborach uzupełniających** (właściwe podkreslić0 **na kadencję 2024 - 2027**

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| **Lp.** | **Imię (Imiona)** | **Nazwisko** | **Nr ewidencyjny PESEL** | **Miejsce stałego zamieszkania** | **Podpis** |
| 1. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pierwsza osoba wymieniona na liście jest uprawniona do składania wyjaśnień w sprawie zgłoszenia kandydata na ławnika przez obywateli |
| 2. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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