**Srednja škola**

**CENTAR ZA ODGOJ I OBRAZOVANJE**

 **Zagreb, Zagorska 14**

**PODNOSITELJ ZAHTJEVA:**

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( ime i prezime, tvrtka, odnosno naziv )

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( adresa, odnosno sjedište )

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( telefon, e-mail )

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**PREDMET: ZAHTJEV ZA PRISTUP INFORMACIJAMA**

Podaci koji su važni za prepoznavanje informacije:

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Način na koji želim pristupiti informaciji ( zaokružite )

1. neposredno pružanje informacije
2. uvid u dokumente i pravljenje preslika dokumenata koji sadrže traženu informaciju
3. dostavljanje preslika dokumenata koji sadrži traženu informaciju
4. na drugi način

U Zagrebu, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ( datum )

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ( vlastoručni potpis podnositelja zahtjeva )