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NAZIV PRAVNE OSOBE / IME I PREZIME FIZIČKE OSOBE

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MJESTO, ADRESA

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OIB

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TELEFON

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E-MAIL

 **GRAD KRIŽEVCI**

I.Z. Dijakovečkog 12

48260 Križevci

**Predmet: ZAHTJEV ZA IZDAVANJE POTVRDE O NEPOSTOJANJU DUGA**

Ovim podneskom upućujem/o zahtjev za izdavanje potvrde o nepostojanju duga prema Gradu Križevcima

POTVRDA SE TRAŽI U SVRHU:

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**NAPOMENA PODNOSITELJA ZAHTJEVA:**

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U Križevcima, \_\_\_\_\_\_\_\_\_\_\_\_\_\_ godine   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 POTPIS PODNOSITELJA / PEČAT

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