**ZAHTJEV ZA PONOVNU UPORABU INFORMACIJA**

**Podnositelj zahtjeva:**

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(ime i prezime/naziv)

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(adresa/sjedište)

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(telefon i/ili e-pošta)

**Zdravstvena škola**

**Šoltanska 15, 21000 Split**

**Informacija koja se želi ponovno upotrijebiti:**

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

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**Način primanja tražene informacije:**

(označiti)

☐ u elektronskom obliku \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ na drugi prikladan način\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Svrha u koju se želi ponovno upotrijebiti informacije:**

(označiti)

☐ komercijalna

☐ nekomercijalna

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(vlastoručni potpis podnositelja zahtjeva)

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(mjesto i datum)