**ZAHTJEV ZA PRISTUP INFORMACIJAMA**

**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 traži:**

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**Način pristupa informaciji:**

 (označiti)

☐ neposredan pristup informaciji,

☐ pristup informaciji pisanim putem

☐ uvid u dokumente i izrada preslika dokumenata koji sadrže traženu informaciju,

☐ dostavljanje preslika dokumenata koji sadrži traženu informaciju,

☐ na drugi prikladan način (elektronskim putem ili drugo):

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(vlastoručni potpis podnositelja zahtjeva)

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 (mjesto i datum)

Napomena: Tijelo javne vlasti ima pravo na naknadu stvarnih materijalnih troškova od podnositelja zahtjeva u svezi s pružanjem i dostavom tražene informacije.