Załącznik nr 2

 Piaseczno, dnia ……………………...

Imię i Nazwisko\*…………………………………………………….….

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PESEL

Kod poczt. ……………… Miejscowość ………………………………………...

Ulica ………………………………………. nr domu …………. nr m …………

Telefon ……………………… e-mail …………………………………………...

SPP-R.7231.1.1.2017.WS

**Urząd Miasta i Gminy Piaseczno**

**Biuro SPP**

**ul. Józefa Sierakowskiego 1**

**05-500 Piaseczno**

**REKLAMACJA**

Numer wezwania/upomnienia\*………………………………………

Numer rejestracyjny pojazdu\* …………………………………..…..

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………....

 ……………………………………….

 Podpis reklamującego