WRITTEN SUBMISSION

PUBLIC HEARINGS ON NHI BILL

 [BILL11-2019]

 PC ON HEALTH

**DATE:** ….......................................................................................................................................................

**MUNICIPALITY: .......................................................................................................................**

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| **NAME & SURNAME** |  |
| **ADDRESS** |  |
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| **CELL NUMBER** |  |

**DETAILED SUMMARY:**

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**SIGNATURE:** ………………………………