****** SPITALUL MUNICIPAL FĂLTICENI**

JUDEŢUL SUCEAVA

**STR. CUZA VODĂ, NR. 1, MPj04384820000[1] 0230/541332, 0752126602, FAX 0230/541332**

**COD FISCAL 5432514, EMAIL : secretariat@spital-falticeni.ro, WEB:www.spital-falticeni.ro**

**Operator de date cu caracter personal :12655**

**NR\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_2018**

**Către: Spitalul Municipal Fălticeni**

**În atenţia: Managerului unității sanitare**

Prin prezenta formulez o reclamatie administrativa, conform Legii nr. 544/2001 privind liberul acces la informatiile de interes public, intrucat la cererea nr.\_\_\_\_\_\_\_\_\_\_ din data de \_\_\_\_\_\_\_\_\_\_\_\_\_\_ nu am primit informatiile solicitate in termenul legal, stabilit de lege. Documentele de interes public solicitate erau urmatoarele:

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Documentele solicitate se incadreaza in categoria informatiilor de interes public, din urmatoarele considerente:

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

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Prin prezenta solicit revenirea asupra deciziei de a nu primi informatiile de interes public solicitate in scris/in format electronic, considerand ca dreptul meu la informatie, conform legii, a fost lezat.

Va multumesc pentru solicitudine,

Data \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                           \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

   (semnatura petentului)

Numele si Prenumele petentului :…………………………………………………

Adresa: ………………………………………………………………………………...

Profesia:(optional) ……….…………………………………………………………….

Telefon:(optional) ……………………………………………………………………..

FAX:(optional)…………………………………………………………………………