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| 2. pielikums  **Bērnu uzraudzības pakalpojuma sniedzēja pieprasījums pašvaldības atbalsta saņemšanai par laikposmu**  no 20\_\_. gada \_\_\_\_.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ līdz 20\_\_ gada \_\_\_\_.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  | | --- | --- | | Vārds, uzvārds |  | | Adrese |  | | Personas kods |  | | Bankas rekvizīti  Banka:  Kods:  Konts: |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Nr. p. k. | Bērns | | | Maksa par bērnam sniegtajiem pakalpojumiem (*euro*) | Maksa, kas norādīta noslēgtajā rakstiskajā līgumā (*euro*) | Dienu skaits, kad sniegts pakalpojums | Dienu skaits, kad pakalpojums nav sniegts |  | | vārds | uzvārds | personas kods | Pašvaldības finansējums (*euro*) | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | | Fiziskā persona, kas sniedza pakalpojumu |  | |  | (vārds, uzvārds, paraksts) |   Datums \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  | | --- | --- | | Sagatavotājs |  | |  | (amats, vārds, uzvārds, paraksts, tālrunis) | |