…………………………..(miejscowość, data)

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**(Nazwa przedsiębiorstwa, adres i siedziba albo miejsce zamieszkania)**

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**NIP**

**WYKAZ POJAZDÓW SAMOCHODOWYCH** (załącznik nr 2)

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| **Lp.** | **Marka** | **Typ (model)** | **Rodzaj/**  **przeznaczenie** | **Numer rejestracyjny** | **Numer VIN** | | | | | | | | | | | | | | | | | **Rodzaj tytułu prawnego do dysponowania pojazdem** | (wypełnia pracownik Urzędu) | |
| **Nr boczny** | **Nr wypisu** |
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Końskie, dnia………………………… ……………………………………………….

**(podpis i pieczątka Wnioskodawcy)**