**ZAHTJEV ZA PRISTUP INFORMACIJAMA**

**Podnositelj zahtjeva:**

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(ime i prezime/naziv)

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(adresa/sjedište)

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(telefon i/ili e-pošta)

**Hrvatski savez za obaranje ruke**

**Medulićeva 2, Zagreb**

**Informacija koja se traži:**

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**Način pristupa informaciji:**

(označiti)

☐ neposredan pristup informaciji,

☐ pristup informaciji pisanim putem

☐ uvid u dokumente i izrada preslika dokumenata koji sadrže traženu informaciju,

☐ dostavljanje preslika dokumenata koji sadrži traženu informaciju,

☐ na drugi prikladan način (elektronskim putem ili drugo):

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(vlastoručni potpis podnositelja zahtjeva)

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(mjesto i datum)

Napomena: Tijelo javne vlasti ima pravo na naknadu stvarnih materijalnih troškova od podnositelja zahtjeva u svezi s pružanjem i dostavom tražene informacije.