



**PREFEITURA MUNICIPAL DE  
LAURO DE FREITAS**

Nome/Razão Social

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Endereço

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Insc. no Cadastro Físico Social

Insc. no Cadastro Econômico Social

**Senhor (a) Prefeito (a):**

Requer:

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Telefone p/ contato: \_\_\_\_\_

Nestes Termos Pede Deferimento \_\_\_\_\_, de \_\_\_\_\_ de \_\_\_\_\_

**Assinatura:** \_\_\_\_\_