**ОБРАЗАЦ**

**ЗА МИШЉЕЊE**

**НА НАЦРТ ОДЛУКЕ**

**О ЦЕНАМА УСЛУГА ТАКСИ ПРЕВОЗА НА ТЕРИТОРИЈИ ОПШТИНЕ АПАТИН**

**ПРЕДЛАГАЧ**

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| --- | --- |
| Име и презиме |  |
| Установа/Институција/организација |  |
| Телефон/Е-маил адреса |  |
| Датум |  |

МИШЉЕЊE

1. САГЛАСАН СА НАЦРТОМ ОДЛУКЕ О ЦЕНАМА УСЛУГА ТАКСИ ПРЕВОЗА НА ТЕРИТОРИЈИ ОПШТИНЕ АПАТИН

ДА

 НЕ

Предлог/сугестија 1:

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Образложење предлога/сугестије 1:

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 Предлог/сугестија 2:

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Образложење предлога/сугестије 2:

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 *Потпис*