Primaria Vulturesti

Com. Vulturesti, Str. Principala, Jud. Argeş, Cod.117402,

Tel./Fax. 0248296256, 0248296221, E-mail: [primariavulturestiag@yahoo.com](mailto:primariavulturestiag@yahoo.com),

Cod fiscal: 15911360, Trezoreria Mioveni

COMPARTIMENTUL DE ASISTENTA SOCIALA

NR………………………………………….

RAPORT DE CONSTATARE/ INTREVEDERE/VIZITA

Data constatarii/intrevederii/vizitei………………………………………………………..

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Durata……………………………………………………………………………………………………………………………………………………….

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Data intocmirii raportului ……………………………………………..

Participant (nume si prenume, calitate, semnaturi):

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