**ZAHTJEV ZA PRISTUP INFORMACIJAMA**

Podnositelj zahtjeva (ime i prezime / naziv, adresa / sjedište, telefon i/ili e-pošta)

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Naziv tijela javne vlasti / sjedište i adresa

Medicinska škola Osijek

Vukovarska 209

31000 Osijek

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.