



# Município de Céu Azul

Estado do Paraná

ANEXO III  
PEDIDO DE RECURSO

NOME COMPLETO:	CPF:
E-MAIL:	DATA:

À Comissão Central

EU \_\_\_\_\_, solicito em grau de recurso por discordar do publicado, à vista das seguintes razões:

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Céu Azul, em \_\_\_\_ de \_\_\_\_\_ de 2024.

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Assinatura