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|  | | | | ***Oficina de Permisos y Reglamentos Internos***  MUNICIPIO AUTÓNOMO DE CABO ROJO  *RADICACION DE QUERELLA* | | | | | | | | | | | | | | | | | | | | | | **CR 15.31**  Escudo_Cabo_RojoAgo. 2007 | | |
|  | | | |
| **Número/Fecha de Radicación** Para uso de OPRI | | | | | | | | | | | | | | | | | | |  | | | | Centro de Servicio | | | | | |
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| **Fecha** (MM/DD/AA) | | | | |  | | | | | | | | | |  | | | |  | | | |  | | | | | |
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| Tipo de Querella | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | |
| Construcción | | | Rótulos/Anuncios  Construcción/Uso | | | | | | | | Uso  Otro | | | | | **Tipo:** | | | | | **Clasificación:** | | | | | | | |
| Privado  Gobierno | | | | | Residencial  Industrial | | | Comercial  Otro | | | Institucional | |
| **B-Dirección Física** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calle | | | | | | | | | | | | | | | | Dirección Urbana  Dirección Rural | | | | | | | | | | | | |
| Lugar Reportado o Puntos de Referencia | | | | | | | | | | | | |
| Carr. Principal | | | | | | | | | | Km. | | | | | |  | | | | | | | | | | | | |
| Carr. Sec. | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| # Casa/Edificio | | | | | | | Unidad | | | | | | | | |  | | | | | | | | | | | | |
| Sector (Rural) | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Urb/Barrio | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Municipio | | Estado | | | | | | | Zip | | | | | | |  | | | | | | | | | | | | |
| Queja o Querella | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Se solicita que se investiguen los hechos que a continuación se exponen:** | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Número de Querella Principal** | | | | | | | | | | **Fecha del Suceso** | | | | | | | | | | **Número de Caso Civil** | | | | | | **Zonif.** | | |
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| **Información del Querellante** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relación con Dueño | | | | | | | | | | | | (ie. Inquilino, Vecino, Arquitecto, Inspector, Otro) | | | | | | | | | | | | | Seguro Social | | | |
| Nombre | | | | | | | | | Inicial | | | | | Apellidos | | | | | | | | | | |  | | | |
| Compañía | | | | | | | | | | | | | | | | | | | | | | | | | Número de Licencia | | | |
| Urb/Edif/Cond/PO/RR/HC | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Blq/Apt/Núm/Calle | | | | | | | | | | | | | | | | | Teléfonos | | | | | | | | | | | |
| Ave/Carr | | | | | | | | | | | | | | | | | Res (     ) | | | | | | | | Oficina | | | |
| Municipio | | | | | | Estado | | | | | | | Zip | | | | Fax (     ) | | | | | | | | (     ) | | | |
| País | | | | | | | | | | | | | | | | | E-Mail | | | | | | | | | | | |
| **Información del Querellado** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre | | | | | | | | Apellidos | | | | | | | | | | | | | | Compañía | | | | | | |
| Urb/Edif/Cond/PO/RR/HC | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blq/Apt/Núm/Calle | | | | | | | | | | | | | | | | | | Otros Datos | | | | | | | | | | |
| Ave/Carr | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Municipio | | | | | | Estado | | | | | | | Zip | | | | |
| País | | | | | | | | | | | | | | | | | |



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| **Disposición legal (si la conoce)** | | | | | | |
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| **Remedio que solicita** | | | | | | |
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| **Comentarios adicionales** | | | | | | |
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| Fecha: | |  | Firma: |  | |  |
|  | | | | Firma Querellante | |  |
| Fecha: | |  | Firma: |  | |  |
|  | | | | Firma de Personal de Ventanilla | |  |