***STIMATĂ DOAMNĂ DIRECTOR GENERAL,***

Subsemnatul(a), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cu domiciliul în \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, sector \_\_\_\_\_\_\_\_, str.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, nr.\_\_\_\_\_,bl.\_\_\_\_\_, et.\_\_\_\_\_, ap.\_\_\_\_\_, posesor al B.I./C.I. seria \_\_\_\_\_\_\_\_\_, nr\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, C.N.P.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ eliberat de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ la data de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, solicit pentru \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ admiterea în Centrul de zi pentru persoane vârstnice – PERLA, aflat în subordinea Direcţiei Generale de Asistenţă Socială a Municipiului Bucureşti.

Anexez cererii următoarele documente:

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( \_\_\_\_ file)
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**Nr. telefon:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DATA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEMNĂTURA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*DOAMNEI DIRECTOR GENERAL AL DIRECŢIEI GENERALE DE ASISTENŢĂ SOCIALĂ A MUNICIPIULUI BUCUREŞTI,*

*\* Durata medie de completare a formularului: 5 minute*

*\*Scopul formularului: solicitarea privind accesarea serviciilor centrului de zi*