Bazuar në: Kodi i Proçedurave Administrative të Republikës së Shqipërisë

**Emri / Mbiemri :**

**Adresa:**

**Qyteti :**

**Telefon/cel:**

 **E-mail:**

*Identifikoni saktë Drejtorinë/Njësinë Administrative/Institucionin e varësisë ndaj të cilit ankoheni.*

Përshkruani çdo veprim të pretenduar si shkelje nga Autoriteti Publik dhe nëse dispononi dokumente bashkëlidhini ato.

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 (Data) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Firma) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Ne nuk mund të pranojmë ankesën nëse nuk është nënshkruar.*

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| Informacioni në këtë format dhe të dhënat e ID do të përpunohen në përputhje me ligjin për Mbrojtjen e të Dhënave Personale.  |