**ZAHTJEV ZA PRISTUP INFORMACIJAMA**

**Korisnik prava na informaciju**

Ime i prezime, tvrtka / naziv:

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Adresa / sjedište:

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Telefon:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax:

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E-mail:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Podaci o tijelu javne vlasti**

Tijelo javne vlasti od koje se zahtijeva informacija:

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Adresa tijela javne vlasti:

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**Podaci važni za prepoznavanje informacije** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Način na koji se traži pristup informaciji:** (označiti)

|  |  |
| --- | --- |
|  | neposredno pružanje informacije |
|  | uvid u dokumente i izrada preslika dokumenata koji sadrže traženu informaciju |
|  | dostava preslika dokumenata koji sadrži traženu informaciju |
|  | dostava informacije u elektronskom obliku |
|  | |  |  |  | | --- | --- | --- | |  |  |  |   drugi način: *(navesti koji)* |

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vlastoručni potpis podnositelja zahtjeva

U \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, dana \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ godine

**Zahtjev poslati na adresu:**

*Općinski sud u Varaždinu*

*Službenik za informiranje*

*Braće Radića 2*

*42 000 Varaždin*

*Faxom na broj: 042 / 312 563*

*E-mail: ivancica.valjak@osvz.pravosudje.hr*