ZAHTJEV ZA PONOVNU UPORABU INFORMACIJA

Podnositelj zahtjeva:

(*ime i prezime fizičke osobe; tvrtka, odnosno naziv pravne osobe*)

(*adresa; odnosno sjedište*)

(*telefon; e-mail*)

 **MEDICINSKA ŠKOLA**

 **ANTE ŠUPUKA 29**

 **22000 ŠIBENIK**

PREDMET: Zahtjev za ponovnu uporabu informacija

Informacija koja se želi ponovno upotrijebiti (*navesti*):

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

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Svrha u koju se želi ponovno upotrijebiti informacija (*označiti*):

1. komercijalna svrha
2. nekomercijalna svrha

Način primanja tražene informacije (*označiti*):

1. u elektronskom obliku \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. na drugi prikladan način (*navesti*):

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

(*vlastoručni potpis podnositelja zahtjeva*)

U \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, dana \_\_\_\_\_\_\_\_\_\_ 20\_\_\_ godine.