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| **ACUSE DE SOLICITUD ESCRITA** |

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| **SUJETO OBLIGADO** |

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| **AYUNTAMIENTO DE ZINACANTEPEC** |

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| **Fecha de Recepción(dd-mm-aaaa):** | / / | **Hora(hh:mm):** | : : |  |
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| **DATOS DEL SOLICITANTE** |

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| **PERSONA FÍSICA** |  |

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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **NOMBRE:** |  |  |  |  |  | |  | . |  | . |  | . | |  | **APELLIDO PATERNO** |  | **APELLIDO MATERNO** |  | **NOMBRE(S):** | |

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| **DOMICILIO** |  |

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**Número de Folio de la Solicitud: \_\_\_\_/ZINACANT/IP/A/2016**

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| **INFORMACIÓN SOLICITADA** |

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| **DESCRIPCIÓN CLARA Y PRECISA DE LA INFORMACIÓN SOLICITADA** |  |
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| **CUALQUIER OTRO DETALLE QUE FACILITE LA BÚSQUEDA DE LA INFORMACIÓN** |  |
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| |  |  |  |  | | --- | --- | --- | --- | | Consulta Directa(sin costo) |  | Copias Simples(con costo) |  | | CD-ROM(con costo) |  | Copias Certificadas(con costo) |  | | OTRO TIPO DE MEDIO (Especificar): | |  | |

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| **PLAZO DE RESPUESTA** |

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| |  |  | | --- | --- | | **Fecha de límite de respuesta:** | 15 días hábiles / / | |  | . | | **Fecha de posible requerimiento de aclaración de la información :** | 5 días hábiles / / | |  | . | | **Notificación de ampliación de plazo(prórroga) :** | 14 a 15 días hábiles / / | |  | . | | **Respuesta a la solicitud en caso de ampliación de plazo :** | 22 días hábiles / / | |

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| **CONSULTA VERBAL** |

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| **RECEPCIÓN** |

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| **Fecha de recepción(dd/mm/aaaa):** |  | **Fecha y hora de Registro:** |  |  |
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| **SOLICITANTE** |

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| |  |  | | --- | --- | | **APELLIDO PATERNO:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **APELLIDO MATERNO:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **NOMBRE(S):** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **RESULTADO DE LA CONSULTA VERBAL** |

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| **Acuse de la solicitud:** | \_\_\_\_/ZINACANT/SV/2016 |