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

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| **DOMICILIO**  |  |

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| **CALLE:**  |  |  | **NUM. EXTERIOR:**  |  |  | **NUM. INTERIOR:**  |  |
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| **ENTIDAD FEDERATIVA**  |  |  | **MUNICIPIO**  |  |  | **C.P.**  |  |
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| **COLONIA O LOCALIDAD**  |  |  |
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| **CORREO ELECTRÓNICO:**  |  |  | **TELÉFONO (Opcional):**  | ( )  |

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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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| Resultado de la Consulta: |

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| Consultó Información Pública de Oficio  |
| Invitación para iniciar procedimiento de solicitud formal  |
| Inició procedimiento formal de solicitud de información pública  |
| No fue de competencia  |
| Otro, especificar:       |

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| Observaciones: |  |

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