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Vardas, Pavardė/Įmonės pavadinimas

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Asmens kodas/įmonės kodas

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Gyv. vieta./Buveinės vieta

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Tel. Nr.

**ANTSTOLIŲ ALEKSANDRO SELEZNIOVO**

**IR SANTOS SELEZNIOVIENĖS KONTORAI**

S. DAUKANTO G. 13A, KLAIPĖDA

**DĖL FAKTINIŲ APLINKYBIŲ KONSTATAVIMO** 2020 m. .........................d.

Prašau 2020 m. .............................. d. atvykti adresu ............................................................. ................................................................................................................................................................

ir konstatuoti faktines aplinkybes apie ..................................................................................................

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Šiuo prašymu įsipareigoju sumokėti antstoliui už faktinių aplinkybių konstatavimą 100,00 Eur už pirmą faktinių aplinkybių konstatavimo valandą bei 70,00 Eur už paskesnes valandas.

Apmokėjimą pagal pateiktą sąskaitą garantuoju.

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 (parašas) (vardas, pavardė, pareigos)