附件：

**听证会代表报名申请表**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 性别 | |  | | 年龄 |  | | 职业 | |  |
| 身份证 |  | | | | 工作单位  及职务 | | | |  | | |
| 通 讯  地 址 |  | | 邮箱 | |  | | | 联系电话 | |  | |
| 参加听证会的主要理由和主要意见及建议 |  | | | | | | | | | | |