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**แบบตรวจแนะนำของเจ้าพนักงานท้องถิ่น**

**ตามพระราชบัญญัติการสาธารณสุข พ.ศ. 2535**

**องค์การบริหารส่วนตำบลนาเชือก โทร. 043 799 330**

1. วันที่..............เดือน................................พ.ศ. ...................
2. ชื่อเจ้าของ/ผู้ครอบครอง............................................................................................................
3. สถานประกอบการ ชื่อ................................................................................................................

กิจการ......................................................................................ตั้งอยู่บ้านเลขที่..........................

ถนน...........................................ตำบล.....................................อำเภอ........................................

จังหวัด.........................................โทรศัพท์.....................................E-mail………………………….…

1. ประเด็นปัญหาหรือข้อเท็จจริงที่ตรวจพบ

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/5. ข้อแนะนำ...

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1. ข้อแนะนำ (เพื่อปรับปรุงแก้ไขภายในระยะเวลาที่กำหนด)

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อนึ่ง หากท่านมีข้อมูลหรือข้อโต้แย้งใด ขอให้ส่งข้อมูลนั้นหรือข้อโต้แย้งนั้นต่อเจ้าพนักงานท้องถิ่น ภายใน ...........วัน

/(ลงชื่อ)…

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(ลงชื่อ)...................................................... (...........................................................)

เจ้าของ/ผู้ครอบครอง/ผู้รับคำแนะนำ

(ลงชื่อ)................................................ (ลงชื่อ)................................................

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ตำแหน่ง............................................................... ตำแหน่ง............................................................

(ลงชื่อ)................................................ ++++++++++(ลงชื่อ)................................................

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ตำแหน่ง............................................................... ตำแหน่ง............................................................

(ลงชื่อ)................................................พยาน (ลงชื่อ)........................................พยาน

(...........................................................) (...........................................................)