**Wniosek o przyznanie świadczenia ratowniczego**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A.** | | **ADNOTACJE URZĘDOWE** *(wypełnia właściwa komenda powiatowa/miejska Państwowej Straży Pożarnej)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Wniosek wpłynął do Komendy Powiatowej Państwowej Straży Pożarnej w Pabianicach dnia ………………………** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Został zarejestrowany pod numerem** | | | | | | | | | | | | | |  | | --- | |  | | | | | | | | | | | | | | | | | | |
|  | | **……………………………**  **(pieczątka służbowa i podpis)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Wnoszę o przyznanie świadczenia ratowniczego** *(wnioskodawca wypełnia część „B” druku WIELKIMI LITERAMI)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **B.1.** | | **DANE PERSONALNE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Nazwisko | | | | |  | | | | | | | | | | | | | Pierwsze imię | | | |  | | | | | | | | |
|  | | Drugie imię | | | | | |  | | | | | Data urodzenia | | | | | | | |  | | | | | Numer PESEL | | |  | | | |
|  | | Seria i nr dowodu osobistego / Numer paszportu\*) (należy wypełnić, jeśli nie nadano numeru PESEL) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **B.2.** | | **ADRES ZAMIESZKANIA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Ulica | |  | | | | | | | | | | | | | | | Nr domu | | | |  | | | | | Nr lokalu | |  | | |
|  | | Kod pocztowy | | | | | | |  | Miejscowość | | | | |  | | | | | | | Gmina/Dzielnica | | |  | | | | | | | |
|  | | Powiat | | |  | | | | | | Województwo | | | | |  | | | | | | | Nazwa państwa | | | |  | | | | | |
| **B.3.** | | **ADRES DO KORESPONDENCJI (należy podać, jeżeli jest inny niż adres zamieszkania)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Ulica | |  | | | | | | | | | | | | | | | Nr domu | | | |  | | | | | Nr lokalu | |  | | |
|  | | Kod pocztowy | | | | | | |  | Miejscowość | | | | |  | | | | | | | Gmina/Dzielnica | | |  | | | | | | | |
|  | | Powiat | | |  | | | | | | Województwo | | | | |  | | | | | | | Nazwa państwa | | | |  | | | | | |
| **B.4.** | | **DYSPOZYCJA WNIOSKODAWCY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Świadczenie ratownicze proszę przekazywać na wskazany adres zamieszkania / adres do korespondencji / poniższy rachunek bankowy\*)\*\*): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Adres: | | | | …………………………………………………………………………………………………………… | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Numer rachunku bankowego/rachunku w spółdzielczej kasie oszczędnościowo-kredytowej: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Nazwa banku / spółdzielczej kasy oszczędnościowo-kredytowej: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Adres urzędu skarbowego właściwego dla wnioskodawcy: | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | |  |
|  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **B.5.** | | **ZAŁĄCZNIKI: \*\*\*)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | (miejscowość, data) | | | | | | | | | | |  |  | (podpis wnioskodawcy / przedstawiciela ustawowego / pełnomocnika / opiekuna prawnego\*)) | | | | | | | | | | | | | | | | |  | |