附件：

华宁县人民医院机动车停放服务收费实施方案（草案）听证会报名表

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 性别 |  | 年龄 | |  | 民族 | |  |
| 职 业 |  | 公民身份证号码 | | |  | | | | |
| 文化程度 |  | 工作单位及职务 | | |  | | | | |
| 通讯地址 |  | | | | | 邮政编码 | |  | |
| 联系电话 |  | | | | | | | | |
| 参加  听证  会的  主要  理由 |  | | | | | | | | |