**ZAHTJEV ZA PONOVNU UPORABU INFORMACIJA**

Podnositelj zahtjeva (ime i prezime / naziv, adresa / sjedište, telefon i/ili e-pošta)

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Naziv tijela javne vlasti / sjedište i adresa

Medicinska škola Osijek

Vukovarska 209

31000 Osijek

Informacija koja se želi ponovno upotrijebiti

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Način primanja tražene informacije

(označiti)

* u elektronskom obliku \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* na drugi prikladan način\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Svrha u koju se želi ponovno upotrijebiti informacije

(označiti)

* komercijalna
* nekomercijalna

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 (vlastoručni potpis podnositelja zahtjeva)

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(mjesto i datum)