#### Obrazac zahtjeva za pristup informaciji

**SLUŽBA SKUPŠTINE GLAVNOG GRADA**

(naziv organa )

###### PODGORICA - Njegoševa 20

######  (sjedište organa)

**PREDMET: Zahtjev za pristup informaciji**

 Na osnovu čl. 18 stav 1 i 19 Zakona o slobodnom pristupu informacijama ("Službeni list CG", br. 44/12 i 30/17), tražim pristup informaciji - dokumentu:

**1.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 (naziv informacije ili podaci na osnovu kojih se ona može identifikovati)

**2.** **Pristup informaciji tražim u**:

1. cjelosti
2. dijelu \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (naznačiti tačan dio informacije kojoj se pristup traži)

**3.** **Pristup informaciji želim ostvariti**:

1. neposrednim uvidom
2. prepisivanjem ili skeniranjem
3. dostavljanjem kopije

**4.** a) **neposredno**:

* kopiju informacije preuzeće podnosilac zahtjeva ili njegov zastupnik, predstavnik ili punomoćnik,
* ličnom dostavom na adresu \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(naznačiti tačnu adresu na koju se traži dostava)

 b) **putem pošte**:

* preporučenom pošiljkom na adresu: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,
* DHL pošiljkom na adresu: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 c) **elektronskim putem**:

* fax-om na broj: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,
* e-mail-om na adresu: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 d) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(način i oblik koji odgovara potrebama podnosioca zahtjeva koji je lice sa invaliditetom)

**5.** **Napomena**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  **PODNOSILAC ZAHTJEVA,****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(potpis podnosioca zahtjeva ili ovlašćenog lica)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(adresa) |