****

**ŽUPANIJSKOM IZBORNOM POVJERENSTVU \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ŽUPANIJE/ IZBORNOM POVJERENSTVU GRADA ZAGREBA**

ZAHTJEV ZA PROMATRANJE IZBORA PREDSTAVNIKA

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NACIONALNE MANJINE *(naziv nacionalne manjine)*

U \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2023.

*(naziv županije ili Grada Zagreba ili grada ili općine u kojoj se provode izbori)*

**KOJI PODNOSI PRIPADNIK NACIONALNE MANJINE - BIRAČ PREDLAGATELJ KANDIDATURE**

**Ime i prezime pripadnika nacionalne manjine - birača predlagatelja kandidature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telefon:**  **E-mail:**

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**Osoba za kontakt:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(ime i prezime) (broj telefona)*

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*ime i prezime i potpis pripadnika nacionalne manjine - birača predlagatelja kandidature datum*

**UZ ZAHTJEV OBAVEZNO DOSTAVITI:**

1. **Popis promatrača**