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| |  |  |  |  | | --- | --- | --- | --- | |  |  | dn. |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PEŁNOMOCNICTWO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (imię i nazwisko lub nazwa mocodawcy) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (adres zamieszkania lub siedziba i adres mocodawcy) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (PESEL lub NIP mocodawcy) | | | | | | | | | | | | | | | | | | (telefon kontaktowy) | | | | | | | | | | | | | | | | | | |
| w związku z chęcią uzyskania dofinansowania ze środków budżetu Gminy Kleszczów zakupu sadzonek drzew i krzewów ozdobnych z przeznaczeniem do zasadzenia na terenie Gminy Kleszczów dla nieruchomości położonej w: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| oznaczonej w ewidencji gruntów i budynków jako działka/i nr | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| w obrębie geodezyjnym | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (zwaną dalej: „nieruchomością”), niniejszym udzielam pełnomocnictwa: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (imię i nazwisko lub nazwa pełnomocnika) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (adres zamieszkania lub siedziba i adres pełnomocnika) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (PESEL lub NIP pełnomocnika) | | | | | | | | | | | | | | | | | | (telefon kontaktowy) | | | | | | | | | | | | | | | | | | |
| do podpisania w imieniu mocodawcy następujących dokumentów związanych z dofinansowaniem, o którym mowa powyżej, dla nieruchomości, to jest:  1) wniosku o udzielenie dofinansowania ze środków budżetu Gminy Kleszczów zakupu sadzonek drzew i krzewów ozdobnych z przeznaczeniem do zasadzenia na terenie Gminy Kleszczów,\*  2) umowy o dofinansowanie,\*  3) „Sprawozdania z wykorzystania dotacji”,\*  4) wszelkich czynności związanych z tym dofinansowaniem.\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pełnomocnik ponadto jest uprawniony do odbioru kwoty dotacji, która zostanie przelana na konto bankowe pełnomocnika o numerze\*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| (czytelny podpis mocodawcy) | | | | | | | | | | | | | | | | | | |
| \* niepotrzebne skreślić | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |