**征求意见表**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 电话 |  | | 电子邮箱 |  |
| 单位 |  | | 通信地址 |  | | |
| 章条号 | 修改建议 | | 修改理由 | | | |
|  |  | |  | | | |
|  |  | |  | | | |
|  |  | |  | | | |
|  |  | |  | | | |
|  |  | |  | | | |
|  |  | |  | | | |
|  |  | |  | | | |
|  |  | |  | | | |

请加盖单位公章 （纸幅不够，请附页）