**FORMULÁRIO PARA PEDIDO DE ACESSO À INFORMAÇÃO**

**(PESSOA FÍSICA)**

**Dados do Requerente – obrigatórios:**

Nome:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CPF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Forma preferencial de recebimento da resposta:**

*Como deseja receber a resposta?*

( ) Endereço Eletrônico

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Correspondência Física

Endereço Físico:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cidade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estado: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CEP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Buscar pessoalmente

**Dados do Requerente – não-obrigatórios:**

*ATENÇÃO: Os dados não obrigatórios serão utilizados apenas de forma agregada e para fins estatísticos.*

Telefone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Endereço eletrônico (e-mail): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sexo: ( ) Masculino ( ) Feminino

Data de nascimento: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

Escolaridade (completa):

|  |  |  |
| --- | --- | --- |
| ( ) Sem instrução formal | ( ) Ensino fundamental | ( ) Ensino Médio |
| ( ) Ensino superior | ( ) Pós-graduação | ( ) Mestrado/Doutorado |

Ocupação principal:

|  |  |  |
| --- | --- | --- |
| ( ) Empregado - setor privado | ( ) Profis. Liberal/autônomo | ( ) Empresário/empreendedor |
| ( ) Jornalista | ( ) Pesquisador | ( ) Servidor público federal |
| ( ) Estudante | ( ) Professor | ( ) Servidor público estadual |
| ( ) Membro de partido político | ( ) Membro de ONG nacional | ( ) Servidor público municipal |
| ( ) Representante de sindicato | ( ) Membro de ONG internacional |  |
| ( ) Outras | ( ) Nenhuma |  |

**Especificação do pedido de acesso à informação:**

Órgão/Entidade Destinatário(a) do Pedido: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Forma preferencial de recebimento da resposta:**

( ) Correspondência eletrônica (e-mail)

( ) Correspondência física (com custo)

( ) Buscar/Consultar pessoalmente

**Especificação do pedido:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Data: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Assinatura: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_