

**SISTEMA MUNICIPAL PARA EL DESARROLLO INTEGRAL**

**DE LA FAMILIA DE BAHÍA DE BANDERAS, NAY.**

**TIPO DE APOYO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOMBRE DEL SOLICITANTE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EDAD: \_\_\_\_**

**DOMICILIO: CALLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NÚM. INT\_\_\_\_ EXT\_\_\_\_\_COLONIA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LOCALIDAD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .**

**EXPOSICIÓN DE SITUACIÓN ACTUAL:**

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**SOLICITANTE**

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**FIRMA**

**AUTORIZA.**

**PRESIDENTA O DIRECTOR GENERAL**

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**NOMBRE Y FIRMA**