**ZAHTJEV ZA DOPUNU ILI ISPRAVAK INFORMACIJE**

Podnositelj zahtjeva (ime i prezime / naziv, adresa / sjedište, telefon i/ili e-pošta)

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Naziv tijela javne vlasti / sjedište i adresa

Medicinska škola Osijek

Vukovarska 209

31000 Osijek

Informacija koja se traži

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Dana \_\_\_\_\_\_\_\_\_\_\_\_\_\_ podnio/la sam zahtjev za pristup informaciji gore navedenom tijelu javne vlasti sukladno članku 18. stavku 1. Zakona o pravu na pristup informacijama (NN 25/13 i 85/15) kojim sam zatražio/la dostavu informacije

(navesti koja je informacija zatražena):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Budući da sam dana \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ zaprimio/la informaciju koja nije ona koju sam zatražio/la ili je nepotpuna (zaokružiti), molim da mi se sukladno odredbi članka 24. stavka 1. i 2. Zakona o pravu na pristup informacijama dostavi dopuna odnosno ispravak sljedećih informacija:

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Način pristupa informaciji

(označiti)

* neposredan pristup informaciji,
* pristup informaciji pisanim putem
* uvid u dokumente i izrada preslika dokumenata koji sadrže traženu informaciju,
* dostavljanje preslika dokumenata koji sadrži traženu informaciju,
* na drugi prikladan način (elektronskim putem ili drugo)

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(vlastoručni potpis podnositelja zahtjeva)

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(mjesto i datum)