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|  | | WYPEŁNIA ORGAN | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  | |  | |  | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | Numer wniosku: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | | | |  | |  | |  | |  | |  | |
|  | | Data wpływu wniosku: | | | | | | | | | | | | | | | | | | | | | |  | |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | | | | | | | | | |  | |  | |  | |  | |
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|  | |  | |  | |  | |  | |  | |  | |  | | **Wniosek o wydanie karty parkingowej** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
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|  | | WYPEŁNIA WNIOSKODAWCA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 1. Nazwa organu1 Przewodniczący Powiatowego Zespołu do Spraw Orzekania o Niepełnosprawności w Wąbrzeźnie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | **I. CZĘŚĆ A2** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | **DANE WNIOSKODAWCY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 2. Imię | | | | | | | | | | | | | | | | | | | | | | | | | | | 3. Nazwisko | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 4. Numer PESEL3 | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  |  |  | 5. Numer i data wydania orzeczenia potwierdzającego niepełnosprawność | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | **ADRES DO KORESPONDENCJI** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 6. Miejscowość | | | | | | | | | | | | | | | | | | | | | | | | | 7. Kod pocztowy | | | | | | 8. Poczta4 | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 9. Ulica | | | | | | | | | | | | | | | | | | | | | | | | | 10. Nr domu/Nr lokalu | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | **DANE OSOBY SKŁADAJĄCEJ WNIOSEK5** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 11. Imię | | | | | | | | | | | | | | | | | | | | | | | | | | | 12. Nazwisko | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 13. Numer PESEL3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | **ADRES DO KORESPONDENCJI** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 14. Miejscowość | | | | | | | | | | | | | | | | | | | | | | | | | 15. Kod pocztowy | | | | | | 16. Poczta4 | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 17. Ulica | | | | | | | | | | | | | | | | | | | | | | | | | 18. Nr domu/Nr lokalu | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | |  | |  | |  | |  | |  | |
|  | | **DOKUMENTY DOŁĄCZONE DO WNIOSKU6** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 19. Fotografia o wymiarach 35 mm x 45 mm | | | | | | | | | | | | | | | | | | | | | |  | | 20. Dowód uiszczenia opłaty za wydanie karty parkingowej i opłaty ewidencyjnej7 | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |
|  | | **OŚWIADCZENIA8** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 21. Oświadczam, że: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 1) sprawuję władzę rodzicielską nad osobą niepełnosprawną, która jest uprawniona do uzyskania karty parkingowej | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |
|  | | 2) sprawuję opiekę nad osobą niepełnosprawną, która jest uprawniona do uzyskania karty parkingowej | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |
|  | | 3) sprawuję kuratelę nad osobą niepełnosprawną, która jest uprawniona do uzyskania karty parkingowej | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |
|  | | 4) dane podane we wniosku są aktualne i zgodne ze stanem faktycznym | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |
|  | | **UPOWAŻNIENIE9** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 22. Upoważniam Pana/Panią10 ……………………………………………. posiadającego/posiadającą10 numer PESEL …………..………….…...…….3 do odbioru w moim imieniu karty parkingowej. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  | 23. |  |  | |  | |  | |  | |  | |  | |  | |  | |  | | | |  | |  | |  | |  | |  | |
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|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  | (data i podpis wnioskodawcy albo rodzica, opiekuna lub kuratora albo adnotacja o braku możliwości złożenia podpisu)11 | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | | | |  | |  | |  | |  | |  | |
|  | | **II. CZĘŚĆ B12** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | **DANE PLACÓWKI ZAJMUJĄCEJ SIĘ OPIEKĄ, REHABILITACJĄ LUB EDUKACJĄ OSÓB NIEPEŁNOSPRAWNYCH MAJĄCYCH ZNACZNIE OGRANICZONE MOŻLIWOŚCI SAMODZIELNEGO PORUSZANIA SIĘ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 24. Nazwa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 25. Numer KRS | | | | | | | | | | | | | | | | | | | | | | | | | | | 26. Numer REGON | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 27. | | Numer rejestracyjny pojazdu placówki | | | | | | | | | | | | | | | | | | | | | | | | | 28. Marka i model pojazdu placówki | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | **ADRES SIEDZIBY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 29. Miejscowość | | | | | | | | | | | | | | | | | | | | | | | | | 30. Kod pocztowy | | | | | | 31. Poczta4 | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 32. Ulica | | | | | | | | | | | | | | | | | | | | | | | | | 33. Nr domu/Nr lokalu | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | |  | |  | |  | |  | |  | |
|  | | **DANE OSOBY SKŁADAJĄCEJ WNIOSEK** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 34. Imię | | | | | | | | | | | | | | | | | | | | | | | | | | | 35. Nazwisko | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 36. Numer PESEL3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | **ADRES DO KORESPONDENCJI** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 37. Miejscowość | | | | | | | | | | | | | | | | | | | | | | | | | 38. Kod pocztowy | | | | | | 39. Poczta4 | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 40. Ulica | | | | | | | | | | | | | | | | | | | | | | | | | 41. Nr domu/Nr lokalu | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | |  | |  | |  | |  | |  | |
|  | | **DOKUMENT DOŁĄCZONY DO WNIOSKU6** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 42. Dowód uiszczenia opłaty za wydanie karty parkingowej i opłaty ewidencyjnej7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |
|  | | **OŚWIADCZENIA6** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 43. Oświadczam, że: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |
|  | | 1) posiadam upoważnienie do reprezentowania placówki uprawnionej do uzyskania karty parkingowej | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |
|  | | 2) placówka prowadzi działalność w zakresie opieki, rehabilitacji lub edukacji osób niepełnosprawnych mających znacznie ograniczone możliwości samodzielnego poruszania się i jest uprawniona do uzyskania karty parkingowej | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |
|  | | 3) dane podane we wniosku są aktualne i zgodne ze stanem faktycznym | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  | 44. |  |  | |  | |  | |  | |  | |  | |  | |  | |  | | | |  | |  | |  | |  | |  | |
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|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (data i podpis osoby upoważnionej do reprezentowania placówki albo adnotacja o braku możliwości złożenia podpisu)11 | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | **III. CZĘŚĆ C - ODBIÓR KARTY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | **Potwierdzenie odbioru karty parkingowej** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 45. Kartę parkingową numer: | | | | | | | | | | | | | | | |  | |  | |  | |  | |  |  |  |  |  |  |  | otrzymałem/otrzymałam10 | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 46. Oświadczam, że6: | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  |  |  |  |  | 47. |  |  | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 1) posiadam upoważnienie do reprezentowania placówki uprawnionej do uzyskania karty parkingowej | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | …………………………………………………… | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 2) sprawuję władzę rodzicielską, opiekę lub kuratelę nad osobą niepełnosprawną uprawnioną do uzyskania karty parkingowej | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | (data i podpis wnioskodawcy lub osoby przez niego upoważnionej albo rodzica, opiekuna lub kuratora albo osoby upoważnionej do reprezentowania placówki albo adnotacja o braku możliwości złożenia podpisu) | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
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|  | | **IV. CZĘŚĆ D - WZÓR PODPISU I ZDJĘCIE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 48. | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | | 49. | |  | |  | | | |  | |  | |  | |  | |  | |
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|  | |  | |  | |  | |  | |  | |  | |  | |  | | WZÓR PODPISU13 | | | | | | | | | | | | | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
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|  | | 1 Przewodniczący powiatowego zespołu do spraw orzekania o niepełnosprawności, do którego składa się wniosek. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 2 Część A wypełnia się w przypadku, gdy wniosek dotyczy osoby niepełnosprawnej. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 3 W przypadku nieposiadania numeru PESEL – seria i numer dokumentu potwierdzającego tożsamość. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 4 Należy wypełnić, o ile nazwa poczty jest inna niż nazwa miejscowości. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 5 Wypełnia się w przypadku, gdy wniosek składany jest przez rodzica, opiekuna lub kuratora osoby niepełnosprawnej. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 6 Właściwe zaznaczyć wstawiając znak „X”. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 7 Dowód uiszczenia opłaty ewidencyjnej dołączany jest do wniosku od dnia 4 stycznia 2016 r. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 8 Właściwe zaznaczyć wstawiając znak „X”; oświadczenia wskazane w pkt 1–3 są składane w przypadku, gdy wniosek o wydanie karty parkingowej jest składany przez rodzica, opiekuna lub kuratora osoby niepełnosprawnej. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 9 Wypełnia się w przypadku odbioru karty parkingowej przez osobę upoważnioną. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 10 Niewłaściwe skreślić. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 11 Należy podpisać wniosek w obecności przewodniczącego zespołu albo osoby przez niego upoważnionej. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 12 Część B wypełnia się w przypadku, gdy wniosek dotyczy placówki. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 13 W przypadku, gdy wniosek dotyczy osoby, która nie ukończyła 18. roku życia, osoby ubezwłasnowolnionej całkowicie lub częściowo lub osoby, która nie ma możliwości złożenia podpisu albo placówki – pole pozostawia się niewypełnione.  **Wpłaty w wysokości 21,00 zł należy dokonywać na rachunek Powiatowego Centrum Pomocy Rodzinie w Getin Noble Bank SA o numerze: 09 1560 0013 2109 3648 3000 0001**  **W tytule należy podać imię i nazwisko osoby ubiegającej się o kartę parkingową  z dopiskiem „opłata za kartę parkingową”** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
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