附件2

第 号

营口市政协委员社情民意反映

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| --- | --- | --- | --- |
| 姓 名 |  | 工作单位及职务 |  |
| 联系电话 |  | 日 期 |  |
| 题 目： | | | |
| 主要内容： | | | |
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