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**PREFEITURA MUNICIPAL**  
**FLORESTAL**  
ESTADO DE MINAS GERAIS

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**ANEXO III**

**RECURSO CONTRA O RESULTADO**

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

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

**RG:** \_\_\_\_\_

**Fundamento do recurso:**

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

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Assinatura do Candidato