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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 听证代表报名登记表 | | | | | | | | | |
| 姓名 |  | 性别 |  | 年龄 |  | 职业 |  | 文化 程度 |  |
| 身份证号码 |  | | 工作单位及职务 | |  | | | | |
| 通信地址 |  | | | | | | 邮政 编码 |  | |
| 联系电话 |  | | | | | | | 报名 时间 |  |
| 基本观点及主要理由 |  | | | | | | | | |
|
| 备注 |  | | | | | | | | |