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| **Referencia.** |  |  |
| Espacio reservado para UAIP | | |



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| Solicitud de información |

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|  | **1. Datos del solicitante** |  |  |  | | | | | | | | |  |  |
|  |  |  | Persona Jurídica |  |  | Nombre completo |  | | | | |  |  |
|  |  |  |  |  |  |  |  |  | |  | |  |  |
|  |  |  | Persona Natural |  |  | Tipo de documento |  | | N.° de documento | |  |  |  |
|  |  |  |  |  |  |  |  |  | |  | |  |  |
|  |  |  | Nombre del apoderado o representante: | | | |  | Documento(s) que acredita su representación: | | | |  |  |
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|  | **2. Medios de Notificación** |  |  |  | | | | | Dirección de correo (s) electrónico (s), dirección física o fax: | | | |  |  |
|  | | | | |  | | | |  |
| Medio para recibir notificaciones: | | | | |  | | | |  |
| Correo electrónico | |  |  |  |  | | | |  |
|  |  |  |  |  |  |
| Fax | |  |  |  |  | | | |  |
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| Dirección física | |  |  |  | Teléfono de contacto 1 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Presencial | |  |  |  | Teléfono de contacto 2 |  |  |  |  |
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|  | **3. Información que solicita** |  | **Descripción de la información:** Favor describir clara y precisa la información pública que solicita. Si los detalles proporcionados no bastasen para localizarla, se le solicitará indicar otros elementos para ubicarla. Este requerimiento interrumpirá el plazo de entrega de la información, de acuerdo con el Artículo 66 inciso quinto LAIP. |
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|  | **4. Medio en el que desea recibir la información** |  |  |  | | | | | | | | | | | | | |  |  |
|  |  |  | Electrónico | | | | | Impreso | | | | |  | **IMPORTANTE:** Si es representante o apoderado legal deberá presentar los documentos que lo acreditan frente a la Oficial de Información y esta solicitud firmada. | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | USB |  |  |  |  | Copia simple\* |  |  |  |  |  |  |
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|  |  |  |  | CD\* |  |  |  |  | Copia certificada\* |  |  |  |  |  |  |
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|  |  |  |  | DVD\* |  |  |  |  | Consulta directa |  |  |  |  |  |  |
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|  |  |  |  | Correo electrónico |  |  |  |  |  |  |  |  |  |  | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | Lugar y fecha de presentación | | |  |  |
|  |  |  |  |  |  |  | | | | | | |  |  | | |  |  |
|  |  |  | Nota: \*Sin perjuicio de la gratuidad en la entrega de la información, las copias simples o certificadas que pase de las 10 páginas, deberá ser asumidas por la persona usuaria. | | | | | | | | | |  |  | | |  |  |
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|  |  |  |  |  |  |  | | | | | | |  |  | Firma o huella |  |  |  |

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|  |  |  | |  |  | Sello de recepción | | | | | | |  |  |  |  |  | |  |
|  |  | **Aída Funes Rivas**  **Oficial de Información y Transparencia** | |  |  |  |  |  | | | | | | | | |  |  |  |
|  |  |  | | | | | | | | |  |  |
|  |  | **Dirección:**  Segundo Nivel del Edificio Defensoría del Consumidor, Calle Circunvalación No. 20, Plan de la Laguna, Antiguo Cuscatlán, La Libertad  **Horario de atención:** Lunes a viernes de 8:00 a.m. a 4:00 p.m. | |  |  |  |  |  | | | | | | | | |  |  |  |
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|  |  | **Correo electrónico:**  Transparencia@defensoria.gob.sv | **Teléfonos:**  2526-9006 y 2526-9063 |  |  |  |  |  |  |
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|  | **Información adicional:** | | Esta información es de carácter opcional, pero de suma importancia para fines estadísticos. Si usted acepta brindar estos datos, nuestra institución no los publicará de forma individual bajo ninguna circunstancia, solamente serán divulgados los resultados estadísticos de forma general. | | | | | | | | | | | | |  |

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|  |  | Género |  | |  |  |  |  |  | | | |  | | | | | |  |  |  |
|  |  | |  | Nacionalidad | | | | |  | | | | | | |  |
|  |  | Edad |  | años |  |  |  |  |  | | | |  | | | | | |  |  |  |
|  |  | |  | Ocupación | | | | |  | | | | | | |  |
| Departamento |  | |  |  |  | | | |  |  | | |  | | |  |
|  |  |  |  | |  |  |  | Nivel educativo | | | | |  | | | | | | |  |  |
| Municipio |  | |  |  |  | | | |  |  | | |  | | |  |
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|  | **Otros Datos:** Periodista Profesional Estudiante Investigador/a Otros Menor de edad ONG | | | | | | | | | | | | | |  |
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**www.defensoria.gob.sv**