



RUANG LAYANAN INFORMASI PUBLIK PPID DPMD PROV. KALTENG

Kursi Roda



Akses Jalan



Tempat Duduk Prioritas



Formulir Permohonan dan Keberatan

Formulir Permohonan dan Keberatan

1. Nama Pemohon: _____

2. Alamat Pemohon: _____

3. No. Telp: _____

4. No. Fax: _____

5. No. Email: _____

6. No. HP: _____

7. No. KIR: _____

8. No. KTP: _____

9. No. SIM: _____

10. No. Paspor: _____

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Alat Bantu Dengar

