附件1

白山市江源区固体废物排查工作成员单位人员名单

填报单位（公章）： 填报日期： 年 月 日

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| 序号 | 单位名称 | 负责人姓名 | 职务 | 联系电话 | 联络处室 | 联络员姓名 | 联系电话 | 传真电话 | 邮  箱 | 备注 |
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审核人： 填表人：联系电话（手机）：