**安徽省地方标准征求意见表**

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| 标准名称 |  | | | | | |
| 单位名称 |  | | | | 传真 |  |
| 专家姓名 |  | 职务/职称 | |  | 电话 |  |
| 通信地址 |  | | | | 邮箱 |  |
| 条文编号 | 具体修改意见和建议 | | | | 依据及理由 | |
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|  |  | | | |  | |
| 专家签字： | | | 单位盖章  年 月 日 | | | |

**注：意见多时，可增栏增页。**