# 征求意见反馈单

标准名称：

单位名称：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_联系人：\_\_\_\_\_\_\_\_\_\_联系电话：\_\_\_\_\_\_\_\_\_\_\_\_

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| 序号 | 章条编号 | 修 改 意 见 | 修改理由或依据 |
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| 单位签章：年 月 日 |

注：篇幅不够可增页