# 征求意见反馈表

标准名称：

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

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

注：篇幅不够可增页