|  |  |  |  |
| --- | --- | --- | --- |
| qwd |  | PEMERINTAH KOTA MADIUN  KECAMATAN TAMAN KELURAHAN TAMANJalan Salak Nomor 61 Madiun, Kode Pos 63131 Jawa TimurTelpon (0351) 464645 Laman <http://kelurahan-taman.madiunkota.go.id> |  |

**PERNYATAAN KEBERATAN ATAS PERMOHONAN INFORMASI**

**A. INFORMASI PEMOHON KEBERATAN**

Nomor register (diisi petugas) : ...................................................................................................

Nomor pemohon : ...................................................................................................

Informasi yang dibutuhkan : ...................................................................................................

Tujuan penggunaan informasi : ...................................................................................................

.......................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

Identitas pemohon

Nik :

Nama :

Alamat :

No telp / e-mail :

Identitas kuasa pemohon

Nik :

Nama :

Alamat :

No telp / e-mail :

**B. ALASAN PENGAJUAN PERMOHONAN KEBERATAN**

O A. Permohonan informasi ditolak

O B. Informasi berkala tidak disediakan

O C. Permintaan informasi tidak ditanggapi

O D. Permintaan informasi ditanggapi tidak sebagaimana yang diminta

O E. Permintaan informasi tidak dipenuhi

O F. Informasi yang disampaikan melebihi jangka waktu yang ditentukan

**C. KASUS POLISI**

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**D. HARI / TANGGAL TANGGAPAN ATAS KEBERATAN AKAN DIBERIKAN**

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Demikian keberatan ini saya sampaikan, atas perhatian dan tanggapan saudara disampaikan terima kasih.

Madiun,....................................

Petugas pelayanan informasi Pemohon keberatan

( penerima keberatan)

(............................................) (........................................)

Nama dan tanda tangan Nama dan tanda tangan