**SERVIÇO DE INFORMAÇÕES AO CIDADÃO (SIC)**

*(Estabelecido pela Lei Federal nº. 12.527/2011 e regulamentado pela Portaria Normativa CAU/BR nº. 44/2016)*

**REQUERIMENTO DE INFORMAÇÃO**

Nome completo (*preenchimento obrigatório*):

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Tipo de pessoa (*preenchimento obrigatório*):

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| --- | --- | --- | --- | --- |
|  | [ ]  | Física | [ ]  | Jurídica |

CPF/CNPJ (*preenchimento obrigatório*):

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Faixa Etária:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | [ ]  | Até 20 | [ ]  | 21 a 40 |
|  | [ ]  | 41 a 59 | [ ]  | Acima de 59 |

Escolaridade:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | [ ]  | Ensino Fundamental | [ ]  | Ensino Médio |
|  | [ ]  | Ensino Superior | [ ]  | Especialização |
|  | [ ]  | Mestrado/Doutorado | [ ]  | Sem instrução formal |

Profissão:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tipo de telefone:

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| --- | --- | --- | --- | --- |
|  | [ ]  | Comercial | [ ]  | Pessoal |

Telefone:

( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail (*preenchimento obrigatório*):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEP:

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Endereço:

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Número:

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Complemento:

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Bairro:

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Município:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UF:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conteúdo do requerimento:

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Assinatura do(a) solicitante

**PREENCHIMENTO EXCLUSIVO DO CAU/BR:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assinatura do(a) recebedor(a)

Data de recebimento:

 \_\_\_\_\_\_/\_\_\_\_\_\_/ \_\_\_\_\_