附件

昆明市晋宁区“局长坐诊接诉”企业诉求信息表

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| --- | --- | --- | --- | --- |
| 企业名称 |  | | | |
| 联系人姓名 |  | | 联系人电话 |  |
| 诉求标题 |  | | | |
| 企业诉求描述： | | | | |
| 备注 | |  | | |