**Fecha solicitud: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dependencia solicitante: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nombre Persona solicitante: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Asunto: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hora de inicio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hora final: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Exponga brevemente la consulta que realiza la dependencia al DACP

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1. Exponga brevemente las recomendaciones realizadas por el DACP

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**OBSERVACIONES:**

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**FIRMA DACP FIRMA DEPENDENCIA**

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