|  |
| --- |
| **SOLICITAÇÃO DE ALTERAÇÃO DE ENDEREÇO**  *(Preencher e entregar na CAP)* |
| Nome: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cargo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Setor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Siape: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CPF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ramal: \_\_\_\_\_\_\_\_\_\_ Celular:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Outro(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Solicito a Vossa Senhoria registrar/atualizar meu endereço e contatos, conforme dados a seguir:   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Logradouro** (rua, avenida, praça, travessa, etc) | | | | | | | | | **Nº** | | |  | | | | | | | | |  | | | **Complemento** | |  | | | **Bairro** | |  | | | | | **CEP** | | | **Município** | | | | | | | **UF** | |  | | |  | | | | | | |  | | **Telefone Residencial** | | | | | | **Telefone Celular** | | | | | | **( )** |  | | | | | **( )** | |  | | | | **Endereço eletrônico (e-mail)** | | | |  | | | | | | |   Em caso de alterações, comprometo-me a informar à Coordenadoria de Aposentadorias e Pensões/PRGDP.  Lavras, \_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_de\_\_\_\_\_\_\_\_\_\_.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Assinatura requerente |
| *Recebido pela CAP em: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_.* |

|  |  |
| --- | --- |
|  |  |