附件6

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| 任市镇低保专项治理来信来访和举报登记管理台账 | | | | | | | | | |
| 序号 | 时间 | 反映人 姓名（联系方式） | 被反映人（单位） | | | 反映问题的摘要 | 办理情况 | 回复时间 | 备注 |
| 姓名 | 村别 | 职务（职级） | 当前状态 |
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