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| **Regional:** | **Centro Zonal:** | | **FECHA: DD/MM/AAAA** |
| **Rendición Pública de Cuentas** | | **Mesa Pública** |

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| **No** | **NOMBRE DEL PARTICIPANTE** | **PARTES INTERESADAS**  (seleccione con una X) | | | | | | | **NOMBRE DE LA PARTE INTERESADA QUE REPRESENTA** | **DOCUMENTO DE IDENTIDAD** | **EDAD** | **CORREO ELECTRONICO** | **FIRMA** |
| Usuarios | Estado | Proveedores | Aliados estratégicos | Comunidad | **Sociedad** | |
| Veedurías ciudadanas | Medios de Comunicación |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **9** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |  |  |  |  |  |  |