Municipalidad de: \_\_\_\_\_\_\_\_\_\_

Departamento de\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LISTA DE ASISTENCIA

FECHA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SESION: Ordinaria Nº xxx de fecha \_\_\_\_\_\_\_\_\_\_\_\_\_Hora xx:xx:xx

LUGAR: Salón de Sesiones xxxx

**CORPORACION MUNICIPAL**

|  |  |  |  |
| --- | --- | --- | --- |
| Nº  | Nombre | Cargo | Firma |
| 1 |  | Alcalde Municipal  |  |
| 2 |  | Vice Alcalde |  |
| 3 |  | Regidor 1 |  |
| 4 |  | Regidor 2 |  |
| 5 |  | Regidor 3 |  |
| 6 |  | Regidor 4 |  |
| 7 |  | Regidor 5 |  |
| 8 |  | Regidor 6 |  |
| 9 |  | Regidor 7 |  |
| 10 |  | Regidor 8 |  |
| 11 |  | Regidor 9 |  |
| 12 |  | Regidor 10 |  |

NOTAS ESPECIALES:􀁸\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Secretario Municipal

Firma y sello