**DECLARAÇÃO DE BENS**

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| |  |  | | --- | --- | | ÓRGÃO: **SECRETARIA DA SEGURANÇA PÚBLICA E DEFESA SOCIAL - SSPDS** | | | NOME COMPLETO: | | | CARGO: | | | SITUAÇÃO FUNCIONAL: | | | CPF: | MATRICULA: | | ENDEREÇO: | | | BAIRRO | FONE: | | ESTADO CIVIL: | IDENTIDADE Nº | |

**DISCRIMINE OS BENS E VALORES, INCLUSIVE DOS DEPENDENTES:**

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Em Fortaleza-CE, \_\_\_\_\_\_\_\_de \_\_\_\_\_\_\_\_\_\_\_\_\_de \_\_\_\_\_\_\_\_\_.

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**Assinatura**