附件2

征求意见反馈单

单位名称： 联系人： 联系电话：

|  |  |  |  |
| --- | --- | --- | --- |
| 序号 | 章条编号 | 修改意见 | 修改理由或依据 |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |