附件2：

常州市地方标准征求意见反馈表

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| 单位 |  | | | 地址 |  | | |
| 姓名 |  | 手机 |  | 电话 |  | 邮箱 |  |
| 序号 | 章节号 | 修改意见 | | | 修改理由 | | |
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若无建议或意见，请填写基本信息，并在“修改建议”栏填写“无”，加盖公章后回执（纸幅不够可附页）。