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| KOP SURAT SATKER |  |
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|  **FORMULIR PERMINTAAN LAYANAN JARKOM BMKG**  |
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| No. Registrasi (Diisi petugas) | :  | .............................................................................................................. |
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| Nama | : | ............................................................................................................. |
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| Jabatan | : | ............................................................................................................. |
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| Unit Kerja |  | : | ............................................................................................................. |
|  |  |  |  |
| Email Contact Person (Aktif) | : | ............................................................................................................. |
|  |  |  |  |
| Telepon (Ext) | : | ............................................................................................................. |
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| Jenis Permintaan Layanan | : | ............................................................................................................. |
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| Rincian Layanan yang Dibutuhkan  |  |  |
|  - Nama Kegiatan |  | : | ............................................................................................................. |
|  - Tanggal |  | : | ............................................................................................................. |
|  - Waktu |  | : | ............................................................................................................. |
|  - Lokasi |  | : | ............................................................................................................. |
|  - Kebutuhan Tambahan |  | : | ............................................................................................................. |
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| Status Tindak Lanjut (Diisi Petugas) | : | ............................................................................................................. |
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| Petugas Pelayanan, |  |  |  |  |  | Pemohon Pelayanan,  |
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| **Keterangan:**  |  |  |  |  |  |  |  |  |  |
| \* Isi keterangan form dengan sejelas-jelasnya |  |  |  |  |  |
| \*\* Scan form yang sudah di tandatangani dan kirim via email ke support@bmkg.go.id |  |
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 | **PUSAT JARINGAN KOMUNIKASI** |  |  |  |  |  |  |  |  |  |
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|  | **BADAN METEOROLOGI KLIMATOLOGI DAN GEOFISIKA** |  |
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|  |  **FORMULIR TINDAK LANJUT PERMINTAAN LAYANAN JARKOM BMKG**  |
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|  | Yang bertandatangan di bawah ini: |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Nama | : | ................................................................................................... |
|  | NIP | : | ................................................................................................... |
|  | Pangkat/Gol |  | : | ................................................................................................... |
|  | Jabatan |  | : | ................................................................................................... |
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|  | Dengan ini memberikan tugas kepada | : |  |
|  |  |  |  |   |
| No | Nama | NIP | Pangkat/Golongan |
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|  | Demikian untuk dapat dilaksanakan dengan penuh tanggung jawab. |  |  |
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|  |  |  |  |  |  |  | Jabatan Pimpinan,  |
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|  |  |  |  |  |  |  | (Nama……………………………..) |
|  |  |  |  |  |  |  |  | NIP………………………………….. |
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