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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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| Unit Kerja |  | : | ............................................................................................................. | | | | |
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| Email Contact Person (Aktif) | | : | ............................................................................................................. | | | | |
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| 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](mailto: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: | |  |  |  |  | |  | |  |  |  |
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|  | Nama | | : | ................................................................................................... | | | | | | | | |
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|  | Dengan ini memberikan tugas kepada | | | | | | : | |  | | | | |
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| No | Nama | | NIP | | | | | | | Pangkat/Golongan | | |
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|  | Demikian untuk dapat dilaksanakan dengan penuh tanggung jawab. | | | | | | | | | |  |  |
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