附件：

低保户、农村特困户享受家庭免费用电基数政策相关信息一览表

填报单位： 填报时间：

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **乡镇(街道)** | **户主姓名** | **身份证号** | **低保（特困）证号码** | **人员身份** | | **联系电话** | **家庭住址** | **用电户号** | **用电户名** |
| **城乡低保** | **农村特困** |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |

**填表说明：1.填表人不得改变表格内容，每户信息必须真实有效；2.“人员身份”栏在该户“城乡低保”或“农村特困”所属类别栏中画“√”**

负责人： 填报人： 填表人联系电话：