附件：4

“容缺受理”事项月度台账

承办单位（科室）：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 序号 | 事项名称 | 申请人 | 企业承诺时间 | 办理结果（办结、终止） | 是否按承诺时间提供补正材料 | 备注 |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
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