	ALCALDIA DE POPAYAN Secretaria de Gobierno	GSCC-120
	INSPECCIÓN PRIMERA URBANA DE POLICIA	Versión: 07
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Popayán, 2018-04-17

Radicación: 20181200155761

CD-147

Señor
YEFERSON ZAMBRANO REBELO
 Dirección Perpetuo Socorro
 Celular 3175771266
 Código Postal 190004
 POPAYAN-CAUCA

Asunto: -Notificación personal acto
 Administrativo

Cordial Saludo

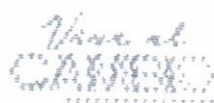
Teniendo en cuenta que mediante orden de comparendo o medida correctiva 19-1-106054 de fecha 09 de octubre de 2017, se impuso medida correctiva, por infracción al Código Nacional de Policía, comedidamente le solicito que en el término de la distancia, se haga presente ante este despacho ubicado en la calle 8 entre carrera 4 y 5 piso dos del Centro comercial El Empedrado (Antiguo Idema, a fin de notificarle el contenido del acto administrativo 20181200032744 de fecha 09 de abril de 2018.

En caso de que, al recibo de la presente citación, ya se haya notificado personalmente del acto en mención, hacer caso omiso al requerimiento.

Atentamente,


LUZ AMELIA CONCHA CAICEDO
 Inspectora

Proyectó: L.A. Concha C
 Transcribió: Manuel Ordoñez
 Anexo: N/A
 Copia: N/A
 Archivado en según TRD: (Expediente)



POPAYÁN

20 ABR 2018

1. Name of the Party 2. Address 3. City 4. State 5. Zip	6. Name of the Candidate 7. Address 8. City 9. State 10. Zip
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DECLARATION OF CANDIDATE

I, the undersigned, do hereby declare that I am a resident of the State of _____ and that I am qualified to hold the office of _____

and I do hereby declare that I am not a member of any political party and that I am not a member of any organization which advocates the overthrow of the Government of the United States.

Witness my hand and seal this _____ day of _____, 19____.

Signature of Candidate
 Name of Candidate
 Address
 City
 State
 Zip

Print Name

I, the undersigned, do hereby declare that I am a resident of the State of _____ and that I am qualified to hold the office of _____ and I do hereby declare that I am not a member of any political party and that I am not a member of any organization which advocates the overthrow of the Government of the United States.

I, the undersigned, do hereby declare that I am a resident of the State of _____ and that I am qualified to hold the office of _____ and I do hereby declare that I am not a member of any political party and that I am not a member of any organization which advocates the overthrow of the Government of the United States.

Signature of Candidate
 Name of Candidate
 Address
 City
 State
 Zip

Print Name

NOTARY PUBLIC

My Commission Expires _____