附件6

萧县冬春救助分户统计表

填报单位： xx乡镇 　　 　　　　　　　　　　　　　 2022年 月 日

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| 序号 | 村别 | 户主姓名 | 家庭类型 | 救助人口 | 户主身份证号 | 联系电话 | 救助物资名称 | 救助物资数量 | 签收 |
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**备注：**举报电话：萧县应急局：5011816; xx镇政府（街道）：xxxxxx

一式二份为：县、乡镇、存档