附件2：

**“深化‘三服务’、助推开门红”活动相关问题困难反馈表**

填报处室： 填报人： 走访时间：

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **单位名称** |  | | | **单位类型** |  | | **单位地址** |  |
| **联系人** |  | **职务** |  | | **联系电话** |  | **电子邮箱** |  |
| **反映的问题与困难** |  | | | | | | | |
| **办理情况** |  | | | | | | | |