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**ACTA DE VISITA No.**

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| **Fecha Y Lugar:** | | **Hora Inicio:** | **Hora Finalización:** | **Barrio Vereda**   |  |  | | --- | --- | |  |  | |
| **Fecha de solicitud visita:** | | | **Verbal:** | **Escrita:** |
| **Nombre De Quien Solicita La Visita** |  | | | |
| **Objeto De La Visita** |  | | | |

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| **TEMAS A TRATAR** | | | |
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| **DESARROLLO DE LA VISITA** | | | |
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| **CONCLUSIONES:** | | | |
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| **ASISTENTES** | | **CARGO** | **TELEFONO** |
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| **Responsables de la Visita Técnica** | | | |
| **Firma:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Nombre:**  **Cargo:**  **Dependencia:**  **Dependencia:** | **Firma:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Nombre:**  **Cargo:**  **Dependencia:** | | |