附件2

枪支子弹情况表

单位：（盖章）

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 职务 | 枪支种类/子弹种类 | 枪支  号码 | 子弹  型号 | 子弹  数量 |
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填表人： 电话： 年 月 日