《废金属包装容器再生技术规范》（征求意见稿）

征求意见反馈表

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 意见提出单位或个人 | | | |  | | |
| 联系人 | |  | | | 联系电话 |  |
| 通讯地址 | |  | | | 联系邮箱 |  |
| 标准意见反馈 | | | | | | |
| 序号 | 章条号 | | 修改建议 | | | 理由及依据 |
|  |  | |  | | |  |
|  |  | |  | | |  |
|  |  | |  | | |  |
|  |  | |  | | |  |
|  |  | |  | | |  |
|  |  | |  | | |  |
|  |  | |  | | |  |
|  |  | |  | | |  |
|  |  | |  | | |  |
| 单位盖章或个人签字  年 月 日 | | | | | | |

注：表格篇幅不够可另加；若意见提出人为单位，需盖单位公章。