|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NO | TANGGAL | NAMA/ LEMBAGA PIHAK PENYAMPAI ASPIRASI | ASPIRASI YANG DISAMPAIKAN | TINDAK LANJUT | VERIF KEPALA BPD |
| ${no} | ${tgl} | ${phk\_aspirasi} | ${aspirasi} | ${tindak\_lanjut} | ${verif\_bpd} |

MENGETAHUI **……., ……, ………**

**KEPALA BPD** **SEKRETARIS BPD** **………..**

**…………………………** **..………………………………….**