附件2

**应急救援队伍统计汇总表**

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| **填报单位（盖章）：** | |  | | | **填报人及联系方式：** | |  | | | **填报日期：** | | 单击此处输入日期。 | |
| **序号** | **队伍名称** | | **队伍性质** | **队伍隶属关系** | | **队伍人数** | | **擅长领域** | **驻地位置** | | **队长姓名** | | **联系方式** |
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