

ANEXO III  
EDITAL Nº 004/2025PROCESSO SELETIVO SIMPLIFICADO DA SECRETARIA MUNICIPAL DE  
DESENVOLVIMENTO SOCIAL E TRANSFERÊNCIA DE RENDA**FORMULÁRIO PARA RECURSO**

NOME DO CANDIDATO:
CPF Nº:
Nº DO PROTOCOLO DA INSCRIÇÃO:
DATA DE NASCIMENTO:
VAGA PLEITEADA:

**JUSTIFICATIVA PARA O PEDIDO DE REVISÃO:**

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Santo Antônio do Descoberto - GO, \_\_\_\_\_ de \_\_\_\_\_ 2025.