**《包装印刷纸折痕挺度检测方法》（征求意见稿）**

**意见和建议回函单**

提出单位：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 日期：\_\_\_\_\_\_\_\_\_\_\_\_\_\_

提 出 人：\_\_\_\_\_\_\_\_\_\_\_电话：\_\_\_\_\_\_\_\_\_\_\_ 邮箱：\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 序号 | 章条编号 | 意见内容 | 原因说明 |
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说明：幅面不够可另附纸