学会标准《城市公交智能化候车亭》征求意见表

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| **专家姓名** |  | **从事专业** |  | **职称** |  |
| **工作性质** |  | **所在单位** |  |
| **通信地址** |  | **邮编** |  |
| **联系电话** |  | **电子邮箱** |  | **传真** |  |
| **条文编号** | **意见和建议** | **理由和背景材料** |
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**（纸面不敷，可另增页）**