**本荘由利広域市町村圏組合　介護保険課　行**

　ＴＥＬ　０１８４－２４－３３４７

別紙３

　ＦＡＸ　０１８４－２４－３３５９

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地域密着型サービス事業者の指定に関する質問書

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| 番号 |  | | 区分 |  |  |
| **作成日付** | | |  | | |
| 件　名 |  | | | | | | |
| 質問内容 | | | | | | | |
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| 法　人　名 |  | | | | | | |
| 連絡先（担当者） |  | | | | | | |
| 連絡先 | ＴＥＬ　　　　　　　　　　　ＦＡＸ  e-mail | | | | | | |