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| 様式第５号 | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |
| （市税・国民健康保険料） | | | | | | | | | | | | | |  | |  | |  | |  | |
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|  |  |  |  | |  | |  | | 同意書 | | | | | |  | |  | |  | |  | |
|  |  |  |  | |  | |  | |  | |  | |  | | 令和　　年　　月　　日 | | | | | | | |
| 富田林市長　様 | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
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|  | 商号又は名称 | | |  | |  | | | | | | | | | | | |  | |  | |
|  | 代表者職氏名 | | |  | |  | | | | | | | | | | | | ㊞ | | | |
|  | 代表者現住所 | | |  | |  | | | | | | | | | | | | ＜使用印＞ | | | |
|  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
|  | （世帯主）（同上であれば記入の必要はありません。） | | | | | | | | | | | | | | |  | |
|  | 住　所 |  |  | | | | | | | | | | | | | | | |  | |  | |
|  |  |  | | | | | | | | | | | | | | | |  | |  | |
|  | 氏　名 |  |  | | | | | | | | | | | | | | | | ㊞ | | | |
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| 私は、企画提案参加資格審査のため、富田林市の市税及び国民健康保険料の納付 | | | | | | | | | | | | | | | | | | | | | |
| 状況について、富田林市が下記の期間に関係公簿を調査することに同意します。 | | | | | | | | | | | | | | | | | | | | | |
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|  | **有効期間** | | |  | |  | | **同意日から令和９年３月３１日まで** | | | | | | | | | | | |  | |
|  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | | **以上** | |
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