**１０．関係機関一覧**

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| **機 関 名** | **担当者名** | **住 所** | **TEL** | **FAX** | **記入年月日** |
| **鹿沼市役所****障がい福祉課** | **〇〇 〇〇** | **鹿沼市今宮町1688-1** | **0289****63-2176** | **0289****63-2169** | **R２．４．１** |
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