様式第9号(第12条関係)

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| ※ | | | 負担区名 | |  | | 通知書番号 | | |  | 整理番号 |  | |
| **下水道事業受益者負担金減免申請書**  　　　年　　月　　日  　鹿沼市長　　　　宛 | | | | | | | | | | | | | |
| 申請者 | | | | | | | | 住所  氏名　　　　　　　　　　印 | | | | | |
| 鹿沼市公共下水道事業受益者負担に関する条例施行規則第12条第1項の規定により申請します。  **○減免を受けようとする土地の内容** | | | | | | | | | | | | | |
|  | 土地の所在 | 地目 | | | | 地積 | | | | | 負担金額 | |  |
| 公簿 | | 現況 | |
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| **○減免を受けようとする理由**  **○土地の案内図** | | | | | | | | | | | | | |
| ※印欄及び裏面は記入しないでください。 | | | | | | | | | | | | | |

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| 3 |  | |  | | | 調査員氏名 | | | |
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