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| Kontaktperson Nachbarschaft  *Name/ Vorname/Strasse/Ort/Telefon* | | | | | | |  | | | | | |  | | | | | | | |
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| Kontaktperson Familie  *Name/Vorname/Strasse/Ort/Telefon* | | | | | | |  | | | | | |  | | | | | | | |
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| Adresse für Rechnungsstellung  *Name/Vorname/Strasse/Ort/Telefon*  *(Nur auszufüllen wenn die Rechnung nicht an den MZD-Bezüger geht)* | | | | | | |  | | | | | | | | | | | | | |
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| Ich habe das Merkblatt zur Kenntnis genommen, und verpflichte mich, die Rechnungen fristgerecht zu bezahlen.  Datum: ………………………………… Unterschrift: ……………………………………………….. | | | | | | | | | | | | | | | | | | | | |