様式第４号

**質 疑 書**

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| 住 所 |  |
| 商号又は名称 |  |

No.

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| 委　託 名 | 国保中央病院一般廃棄物収集運搬処理業務委託 |
| 委託場所 | 国保中央病院 |

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| № | 質 疑 内 容 | 回 答 |
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