宛先）門川町役場　財政課 　　　　　　ＦＡＸ：０９８２－６３－１３５６

門川町庁舎跡地利用検討委員会

町民公募委員応募用紙

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| ふりがな |  |
| 氏　　名 |  |
| 生年月日 | 　　　年　　　月　　　日（　　　　歳） |
| 住 　 所 | 〒　　　　－ |
| 通勤・通学先 | 〒　　　　－ |
| 連絡先電話又はFAX又はEメール |  | 職　業 |  |
| 応募動機 | ※これまでの取組内容などがある場合は，自己アピールも含めて記入してください。 |
| ふりがな |  | 「門川町庁舎跡地の利用のあり方」についての御意見を，４００字～６００字で御自由にお書きください。 |
| 氏　名 |  |

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**６００字（２０×３０）**

※　表題「門川町庁舎跡地の利用のあり方について」及び氏名を明記した任意の様式で提出いただいても結構です。