地基山形様式第１号

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| 《災害の状況》 | | | | | | |
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| 上記のとおり　現認 ・ 事実証明　いたします。 | | | | | | |
| 年 　月 　日 | |  | | | |  |
| 証  明  職  員 |  | |  |  |
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| 地方公務員災害補償基金山形県支部長　殿 | | | | | | |