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| 様式第1号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| メール１１９番通報（登録・変更・中止）申込書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (和暦)　　　　　　年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 消防長 | | |  | | | | | | | | 様 | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | 申請者 | | | | | | | | | | | | | | | | |
|  | 住　所 | | | |  | | | | | | | | | | | |
| 氏　名 | | | |  | | | | | | | | | | | |
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| 私は、メール１１９番通報について、利用案内の利用の条件及び注意事項を承諾し、申し込みます。なお緊急時に、ちば消防共同指令センターが必要と判断した場合については、記載事項について第三者に情報提供をすることについて承諾します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | 登録番号（ちば消防共同指令センターで指定） | | | | | | | | | | | | | | |  | | |  | | | |  | | |  | |  |
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| １　申し込む人（必須） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ふりがな | | | | |  | | | | | | | | | 性別 | | | | | 生年  月日 | | | | 大  昭  平 | | 年　　月　　日 | | | | |
| 氏　　名 | | | | |  | | | | | | | | | 男 ・ 女 | | | | | 歳 | | | | |
| 住　　所 | | | | | 〒 | | | | | | | | | | | | | | | | | | | | | | | | |
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| 通勤、通学先  名称・所在地 | | | | | 名　称： | | |  | | | | | | | | | | | | | | | | | | | | | |
| 所在地： | | |  | | | | | | | | | | | | | | | | | | | | | |
| 登録アドレス | | | | | 使用機種： ドコモ ・ ａｕ ・ ソフトバンク ・ 他（　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | |
| 携帯電話 | | | | | ＠ | | | | | | | | | | | | | | | | | | | | | | | | |
| パソコン | | | | | ＠ | | | | | | | | | | | | | | | | | | | | | | | | |
| 自宅の連絡方法 | | | | | FAX： | |  | | | | | | | | | 電話： | | | |  | | | | | | | | | |
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| ２　今までにかかった重い病気（任意） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 心筋梗塞 | | | 狭心症 | | | | | 慢性腎炎 | | | | | | 慢性腎不全 | | | | | | 糖尿病 | | | | | | | 脳梗塞 | |
|  | 脳出血 | | | 肝炎 | | | | | 肺気腫 | | | | | | 肺炎 | | | | | | 肺結核 | | | | | | | 肺がん | |
|  | 肝臓がん | | | 食道がん | | | | | 大腸がん | | | | | | 胃がん | | | | | | すい臓がん | | | | | | |  | |
|  | 他（　　　　　　　　　　　　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ３　いつも行く病院（任意） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 病　院　名 | | | | | | | | | | | | 電話番号 | | | | | | | | | | 所　在　地 | | | | | | | |
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| ４　連絡が必要な家族（任意） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏名 | | | | | | 続柄 | | | | FAX | | | | | | 電話 | | | | | | | | | | 住所 | | | |
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