**Erhebungsbogen Wegweiser „Soziales für Stadt und Landkreis Göttingen"**

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| **Bezeichnung** |  |
| **Zusatz** |

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| **Beschreibung** |

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| **Straße** |  |
| **Hausnr.** |  |
| **PLZ** |  |
| **Ort** |  |
| **Telefon** |  |
| **Telefon-Zeiten** |

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|  **E-Mail** |  |
|  **Website** |  |
| **Öffnungszeiten** |

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**Informationen zu Kosten**

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Hier anklicken: Versenden an das Gesundheitszentrum Göttingen e.V.