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| Lp. | Nazwisko i imię podopiecznego  **-1-** | Adres podopiecznego  **-2-** | Ilość usług  w miesiącu  **-3-** | Godziny świadczenia usług  **-4-** | | | | | | | Wstrzymania realizacji usług  (od-do)  **-5-** | Wznowienia realizacji usług  **-6-** | Powód zmiany,  wstrzymania,  wznowienia  **-7-** |
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Załącznik nr 7 do umowy

Nr ZP.322……..2020

Harmonogram