



**Brf Bokskogen**

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# FELANMÄLAN

Beskrivning: \_\_\_\_\_

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Lägenhet nr.: \_\_\_\_\_

Namn: \_\_\_\_\_

Telefonnummer: \_\_\_\_\_

E-post-adress: \_\_\_\_\_

*Lämna lappen i fastighetsansvariges brevlåda*