[provisional translation]

	平成	年[year]	月 [month]	日 [day]
〒102−0083				
東京都千代田区一番町26番地				
住民 太郎 様				
	The May	or of $\Delta\Delta$	$\Delta\Delta$	
	0	0 0	0	
Written Inquiry Regarding the Person Applying	to Inspect the	Basic Resid	dent Registi	ration
, ,	ned application, ple	ease sign or a	ffix your seal to	the
esponse form below and submit it in person. Caution) The response form must be submitted in person. Please note tha	it it will not be acce	oted if it is ser	nt by mail.	
esponse form below and submit it in person. Caution) The response form must be submitted in person. Please note tha		oted if it is ser	j	the 日[day]
esponse form below and submit it in person. Caution) The response form must be submitted in person. Please note tha	it it will not be acce 平成	oted if it is ser	nt by mail.	
response form below and submit it in person. Caution) The response form must be submitted in person. Please note tha This document expires on [month] [day] [year] Response F	it it will not be acce 平成	oted if it is ser	nt by mail.	
response form below and submit it in person. Caution) The response form must be submitted in person. Please note that This document expires on [month] [day] [year]	it it will not be acce 平成	oted if it is ser	nt by mail.	
response form below and submit it in person. Caution) The response form must be submitted in person. Please note that the company of the co	ut it will not be acce 平成 Form	pted if it is ser 年[year]	nt by mail. 月[month]	日[day]
response form below and submit it in person. Caution) The response form must be submitted in person. Please note that it is document expires on [month] [day] [year] Response F To the Mayor of Δ Δ Δ Δ hereby certify that it is true and correct that I am the inspector des	ut it will not be acce 平成 Form	pted if it is ser 年[year]	nt by mail. 月[month]	日[day]
response form below and submit it in person. Caution) The response form must be submitted in person. Please note that the response form must be submitted in person. Please note that the response form must be submitted in person. Please note that the response form must be submitted in person. Please note that the response form must be submitted and correct that I am the inspector des Registration that was submitted on [month] [day] [year]	ut it will not be acce 平成 Form	pted if it is ser 年[year]	nt by mail. 月[month]	日[day]
To the Mayor of \triangle \triangle \triangle \triangle I hereby certify that it is true and correct that I am the inspector des Registration that was submitted on [month] [day] [year]	ut it will not be acce 平成 Form	pted if it is ser 年[year]	nt by mail. 月[month]	日[day]