

BV:

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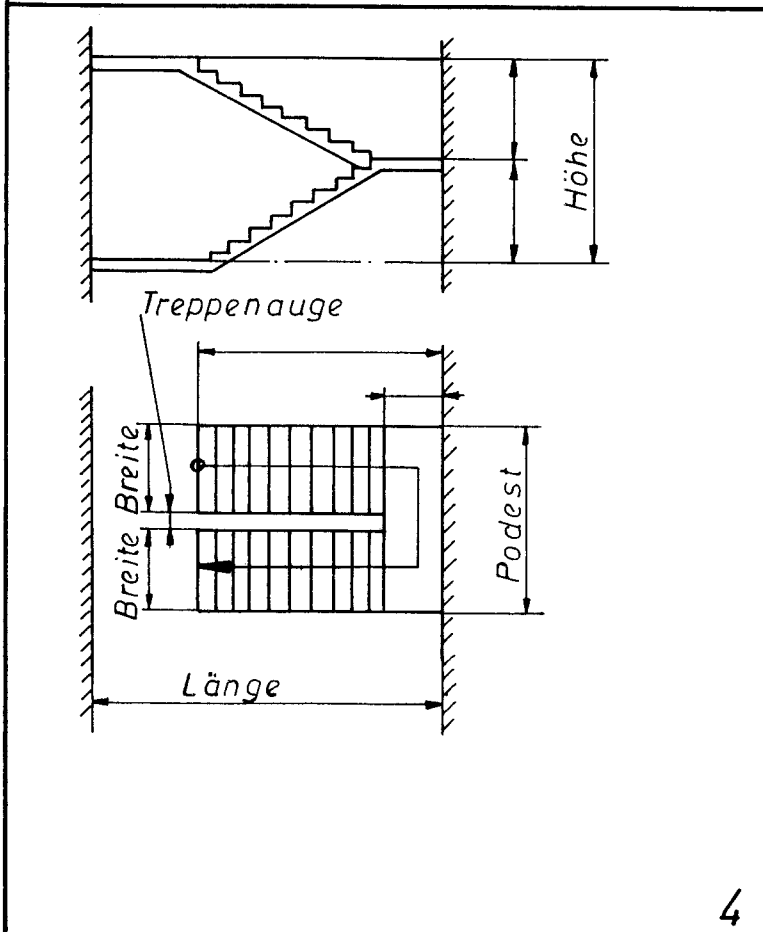
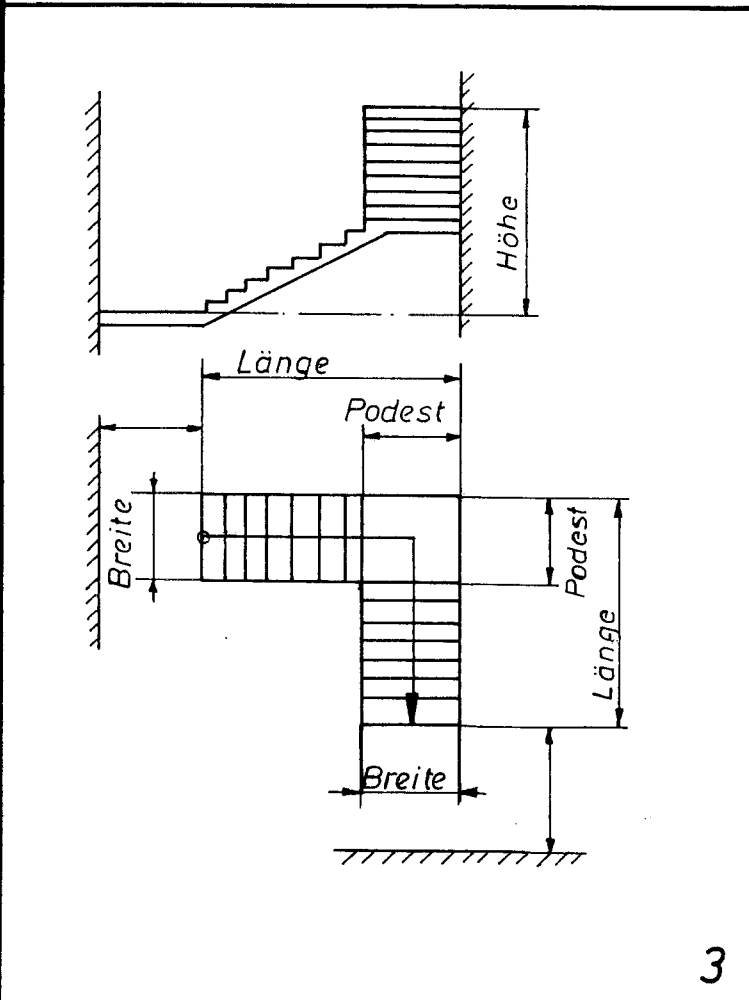
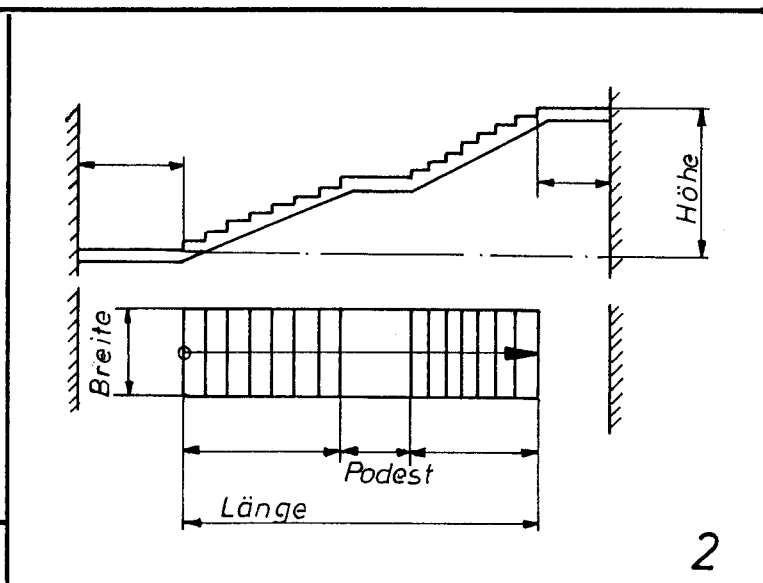
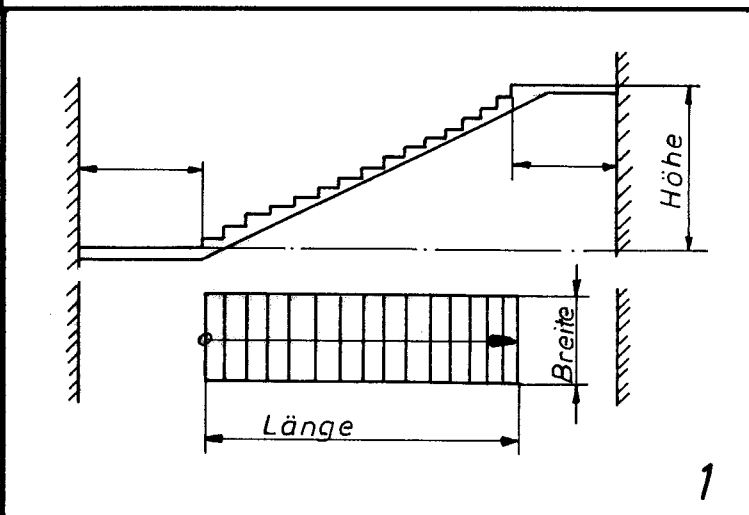
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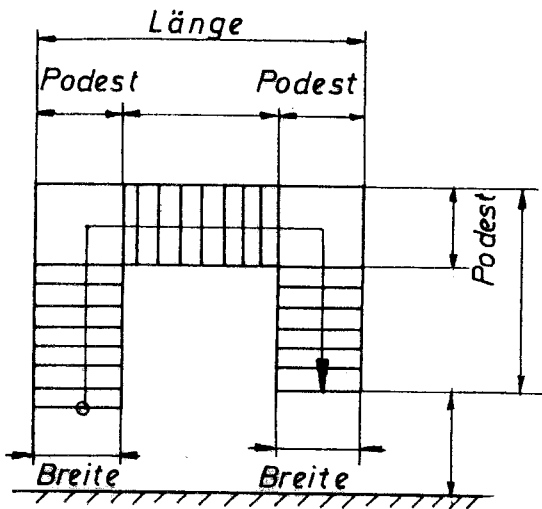
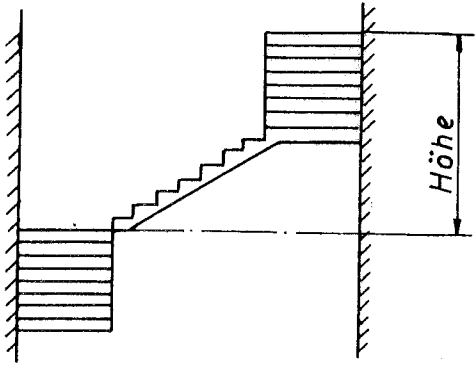
Gewünschter – Lift

Rollstuhlplattformlift:

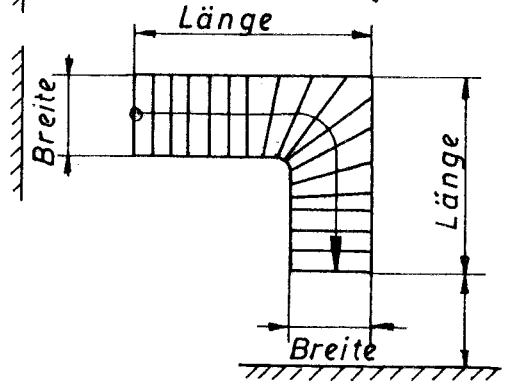
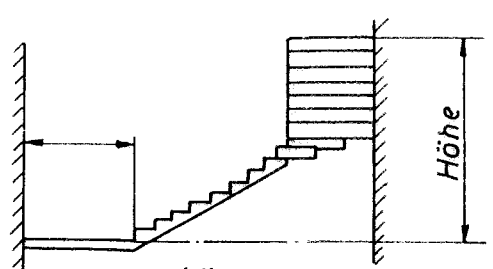
Sitzlift:

bitte ankreuzen:

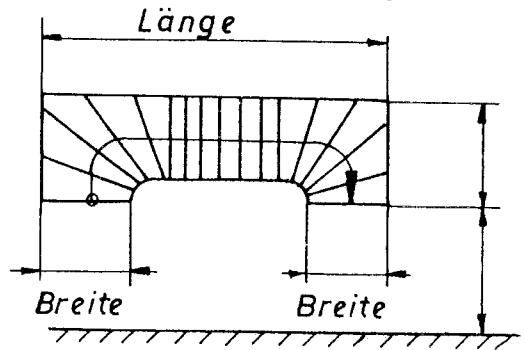
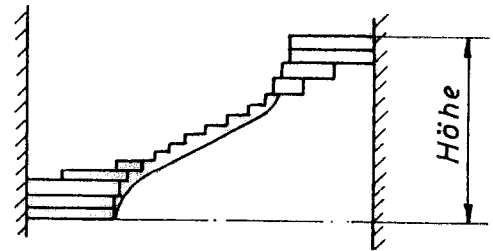




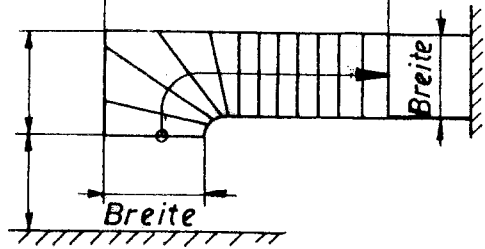
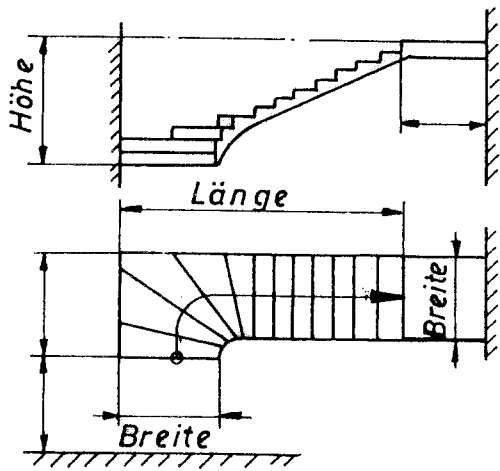
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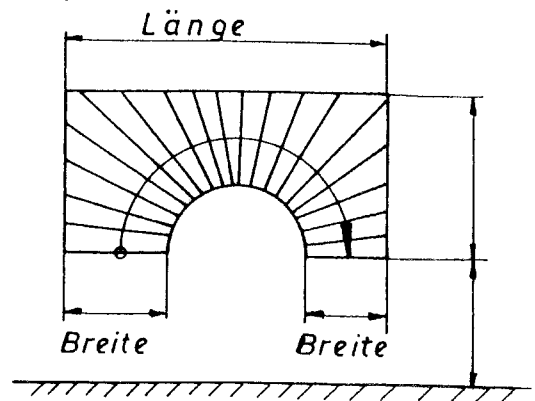
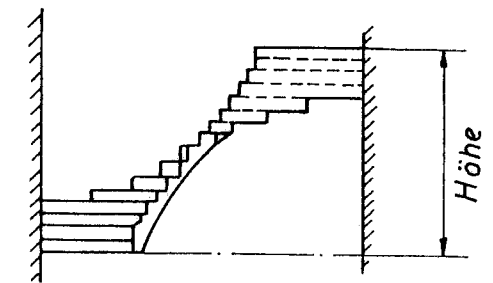
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