

# FAX COVER SHEET

Date: \_\_\_\_\_ Sender: \_\_\_\_\_

To: \_\_\_\_\_ Office Name: \_\_\_\_\_

Office Name: \_\_\_\_\_ Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ OR Zip: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

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