

FAX COVER SHEET

To the Care of: _____

Fax #: _____

Date: _____

Pages: _____

Case Type: New Ongoing

From: _____

Fax #: _____

Phone #: _____

Address: _____

Tax Filer: _____

ID #: _____

Case #: _____

Form(s) Attached: _____

Form(s) Requested: _____

Delivery Type: Expedited (fee) Normal (deadline)

Confirmation By: _____