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# RETURN FAX SHEET

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Date:

To: (sending office)

From: (Receiving Office)

Fax Number: sending office

Telephone: # of the receiving office

Fax:

Subject: Intended Receipt of documentation + Client name and/or File Number

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### To be completed by the SENDING OFFICE:

<b>SENDER:</b>	<b>INTENDED RECIPIENT:</b>
<b>Name:</b>	<b>Name:</b>
<b>Office Location:</b>	<b>Office location:</b>
<b>Community Area:</b>	<b>Community Area:</b>
<b>Date Sent:</b>	

**FAX BACK TO (SENDING OFFICE NAME & LOCATION)**

**AS CONFIRMATION OF RECIEPT: FAX # \_\_\_\_\_**

### To be completed by the RECEIVING OFFICE:

<b>Date Received:</b>	<b>Received By:</b>
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