



GOVERNMENT SERVICES

# FAX COVER SHEET

**TO:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
*(office, room number, building)*

**FAX:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**NUMBER OF PAGES:** \_\_\_\_\_

**FROM:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
*(office, room number, building)*

**FAX:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_