

# FACSIMILE COVER LETTER

[sending facility name]  
[address]  
[city, state, zip code]  
[telephone number]  
[facsimile number]

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ NO. OF PAGES: \_\_\_\_\_

TO: \_\_\_\_\_ (name of authorized receiver)

Authorized Receiver's Facility \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
(of receiver) (of receiver)

FROM: \_\_\_\_\_ (name of sender)

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
(of sender) (of sender)

COMMENTS:

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