

## Correspondence Record Sheet

<b>RE:</b>		
<b>Date:</b> Telephone call received <input type="checkbox"/> Telephone call made <input type="checkbox"/> Email read <input type="checkbox"/>	<b>Start time:</b> Voice message received <input type="checkbox"/> Voice message left <input type="checkbox"/> Email sent <input type="checkbox"/>	<b>End Time:</b> Text message received <input type="checkbox"/> Text message sent <input type="checkbox"/>
Signature: _____		Print: _____
<b>Date:</b> Telephone call received <input type="checkbox"/> Telephone call made <input type="checkbox"/> Email read <input type="checkbox"/>	<b>Start time:</b> Voice message received <input type="checkbox"/> Voice message left <input type="checkbox"/> Email sent <input type="checkbox"/>	<b>End Time:</b> Text message received <input type="checkbox"/> Text message sent <input type="checkbox"/>
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Signature: _____		Print: _____