



Correspondence Record Sheet

RE:

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

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