

# VA Fax Cover Sheet

To the Care of: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Pages: \_\_\_\_\_  
Case Type:  New  Ongoing  Revision

From: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Application \_\_\_\_\_  
Id#: \_\_\_\_\_  
Form #: \_\_\_\_\_  
Form(s) Attached \_\_\_\_\_  
Form(s) Requested \_\_\_\_\_  
Confirmation By \_\_\_\_\_