

VA Fax Cover Sheet

To the Care of:	_____
Fax #:	_____
Date:	_____
Pages:	_____
Case Type:	<input type="checkbox"/> New <input type="checkbox"/> Ongoing <input type="checkbox"/> Revision <input type="checkbox"/>

From:	_____
Fax #:	_____
Phone:	_____
Address:	_____

Application _____

Id#: _____

Form #: _____

Form(s) Attached _____

Form(s) Requested _____

Confirmation By _____