Fax Cover Sheet

Date:		**Sender:**	
To:	Bill Brautigam	**Office Name:**	
Office Name:	APD Central Office	**Address:**	
Address:	500 Summer St NE E12	**City:**	
City:	Salem	**State:**	**Zip:**
State:	OR **Zip:** 97301	**Phone No.:**	
Phone No.:	503.947.5204	**Fax No.:**	
Fax No.:	503.378.7823	**Total Pages:**	
Re:	Application for hardship waiver		

Potential APS case