

Fax Cover Sheet

Date:		Sender:	
To: Bill Brautigam		Office Name:	
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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

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