

# 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 \_\_\_\_\_