



CCH RECEIPT CONFIRMATION

88 Center Street
Bedford, Ohio 44146
Phone: (440) 247-8565
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TO: FROM:

FAX: PAGES

PHONE #: DATE:

SUBJECT:

SSN / OLN:

PLEASE SIGN CONFIRMING RECEIPT OF CCH AND FAX BACK TO CHAGRIN VALLEY DISPATCH CENTER

RECEIVED BY: _____ BADGE / UNIT #: _____