

Client Name \_\_\_\_\_ Date \_\_\_\_\_

**Generic Communications Log**

Name	Date	Time	Type	Comments
		AM PM	<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email	
		AM PM	<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email	
		AM PM	<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email	
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		AM PM	<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email	