



ATTORNEY SERVICE

Delivering Peace of Mind



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FIRM:	REQUESTED BY:	DATE:		DEL. RT. P.U.		
	REFERENCE NO.:			WT. MIN		
P.U. FROM:	DELIVER TO:		ASAP	LBS.		
			(1 Hr.)	POS		
INSTRUCTIONS:			RUSH	COD		
			(2 Hrs.)	FEES ADVANCED		
			(4 Hrs.)	CK. CHRG.		
SIGNATURE OF RECIPIENT (PRINT NAME):		TIME	MSGR1	MSGR2		
CONTROL #					TOTAL	