**BCWWS FAX FORM- 24 HOUR NOTIFICATION OF PARAMETER VIOLATION**

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| --- | --- | --- | --- |
| To: | Serene Chang | Fax: | 954-831-3247 |
| From: |  | Contact: |  |
| Phone: |  | Date: |  |
| Re: | Parameter Violation | Pages: |  |

**COMMENTS/ DESCRIPTION:**

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Signature & Date