**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