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WWW.WILLIAMSDATAMANAGEMENT.COM

FILEFOLDER INFORMATION TRANSMITTAL

PLEASE PRINT CLEARLY

CONFIRMATION NO.

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ACCOUNT NAME		WDM W/O #	DATE													PAGE	OF
ACCOUNT NUMBER	CONTACT NAME & PHONE NUMBER																
<input type="checkbox"/> Refile	WDM Filefolder Control Number (Required)	File In - WDM Container ID (Required)	File In - Alternate Container ID (Optional)	Filerholder Description (Optional)													
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