

# ACTION TAB

To: \_\_\_\_\_ *Wm. J. [Signature]* | Date \_\_\_\_\_

From: \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> FOR YOUR COMMENTS       | <input type="checkbox"/> FOR YOUR INFORMATION |
| <input type="checkbox"/> FOR YOUR APPROVAL       | <input type="checkbox"/> NOTE & RETURN        |
| <input type="checkbox"/> TAKE APPROPRIATE ACTION | <input type="checkbox"/> NOTE & FILE          |
| <input type="checkbox"/> CALL ME                 | <input type="checkbox"/> FOR YOUR SIGNATURE   |
| <input type="checkbox"/> SEE ME                  | <input type="checkbox"/> _____                |
| <input type="checkbox"/> REPLY & SEND ME COPY    | <input type="checkbox"/> _____                |

COMMENTS: \_\_\_\_\_

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