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Type of Contact:			FD999				
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itle:		t Name:	First Name:			Middle Name:	Suffix:
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	Enforcement Coordin	ation (or)				Case 806B SF	
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			CONTACT	INFORMATION			b .
Agency Type:	·		Liaison Agency			Date of Contact:	
Federal	<u></u>	<u>. </u>				12/30/2010	
Person(s) Contact	ted:			Work Telephone Nu	mber:	Cell Telephone Num	ber:
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Type of Contact:		
Telephonic F Email Meeting Conference	1	
In Reference to File #:	Tide:	
Details:		
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Follow Up Required: Yes No		
Handouts Provided: Yes 🗹 No		<u> </u>
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