



revisions cover sheet
fax to dauphine press at 707.776.0795

DATE \_\_\_\_\_

ATTENTION \_\_\_\_\_

FROM/STORE \_\_\_\_\_ NUMBER OF PAGES \_\_\_\_\_

CLIENT \_\_\_\_\_

APPROVED TO PRINT \_\_\_\_\_

We do not accept proofs approved to print with changes. If edits are requested you will receive a new proof.

shipping/quantity changes (if applicable)

QUANTITY CHANGE \_\_\_\_\_

SHIPPING ADDRESS CHANGE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SHIPPING METHOD CHANGE \_\_\_\_\_

design changes (if applicable)

EDITS Please list the edits numerically below and number the changes in the printout of your proof. Include all pages in your fax. If edits are requested you will receive a new proof.

1 \_\_\_\_\_

2 \_\_\_\_\_

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14 \_\_\_\_\_

15 \_\_\_\_\_

DP USE ONLY | DATE/TIME RECEIVED:

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