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**DOC LOG ID:** 32349 **CHAZ ID:** OHD980568992

CITY: CANTON COUNTY: ALL FL CNTYS

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**Document Types** 

Document Type Primary Type Discontinued On

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Affiliation-ID Interest Type Email Native ID Native Name

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## **Processes**

<b>Document Type</b>	Process	Date	Author	Delete
RHWT	Logged	11/09/2015	SIMMONS_JLS	×
RHWT	Completeness Review	11/16/2015	HORLICK_S	×
RHWT	Ready for Data Entry	11/16/2015	HORLICK_S	×
RHWT	Data Entry Completed	11/16/2015	SIMMONS_JLS	×
RHWT	Final Review	11/17/2015	HORLICK_S	×
RHWT	Notification Letter Emailed	11/19/2015	HORLICK_S	×
RHWT	Booked into Oculus	11/20/2015	THURSBY_K	×

## Comments

Document Type	Date	Comment	Author
General Comment	11/09/2015	Notification has an original signature. Insurance form is a copy.	SIMMONS_JLS
RHWT	11/16/2015	Valid HWT/UOH Certificate of Liability insurance form on file.	HORLICK_S

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