|  |  |  |
| --- | --- | --- |
| **TABLE OF CORRECTIONS** |  |  |
| **BLOCK NO.** | **Correct or Incorrect** | **CORRECTED INFORMATION** |
| **1** | C |  |
| **2** | C |  |
| **3** | I | Date should be written as MM/DD/YYYY format |
| **4** | C |  |
| **5** | I |  |
| **6** | C | Zip Code and phone number is missing |
| **7** | C |  |
| **8** | C |  |
| **9** | C |  |
| **10** | I | This box needs a check mark |
| **11** | I | This box needs a check mark |
| **12** | C |  |
| **13** | C |  |
| **14** | C |  |
| **15** | C |  |
| **16** | C |  |
| **17** | C |  |
| **18** | C |  |
| **19** | C |  |
| **20** | C |  |
| **21** | C |  |
| **22** | C |  |
| **23** | C |  |
| **24** | C |  |
| **25** | C |  |
| **26** | C |  |
| **27** | C |  |
| **28** | C |  |
| **29** | C |  |
| **30** | C |  |
| **31** | C |  |
| **32** | C |  |
| **33** | I | This block needs a phone number |