CFS 492-L
8/2011

State of Illinois
Department of Children and Family Services

LICENSE FILE - CONTACT/LICENSE ENTRY NOTE

Applicant/Licensee Name: _____ Application/License Number:_____

Licensing Worker:_____Year:20_____

Record significant licensing events, contacts involving this license, licensee, or applicant, specify:Type of Contact: Who was contacted or present; the purpose, significant content and anticipated activity.

Individual Contacted:_____ Telephone Number: (_____)_____

Contact Type Codes:

*__P__ — Phone *__IP__ — In Person (location shall be completed) *__AC__ — Attempted Call

*__AI__ – Attempted In Person (location shall be completed) *__C__ – Correspondence (letters, e-mail, fax, etc)

Date/Time	Type*	Location	Narrative

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