

Imaging Correction Form

Requestor:	Click here to enter text.
Case with error: (Please include case number, CP name, & NCP name)	Click here to enter text.
Current document category:	Choose an item.
Date Imaged:	Click here to enter text.

Action Needed

<input type="checkbox"/>	<u>Same Case</u> , Please Change Category from:	TO:	
<input type="checkbox"/>	<u>Different Case</u> , Please move document to this Case & this Category:		
<input type="checkbox"/>	Find source document and scan again	<u>Problem:</u>	Click here to enter text.
<input type="checkbox"/>	<u>Duplicate document</u> , please remove the following:		
<input type="checkbox"/>	Other, please explain:		