

## COOPERATIVE EXTENSION SERVICE DAILY LOG BY DATE

DAILY LOG BY DATE:				
CLIENT NAME			PHONE # TO CALL	TOPIC/QUESTION/ACTION
	<input type="checkbox"/> AG <input type="checkbox"/> 4-H <input type="checkbox"/> FCS	<input type="checkbox"/> Office visitor <input type="checkbox"/> Return call <input type="checkbox"/> Will call back		
	<input type="checkbox"/> AG <input type="checkbox"/> 4-H <input type="checkbox"/> FCS	<input type="checkbox"/> Office visitor <input type="checkbox"/> Return call <input type="checkbox"/> Will call back		
	<input type="checkbox"/> AG <input type="checkbox"/> 4-H <input type="checkbox"/> FCS	<input type="checkbox"/> Office visitor <input type="checkbox"/> Return call <input type="checkbox"/> Will call back		
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