

Your 3-page fax to VA Evidence Intake Center 8445317818 failed. Transmission Error

**VA Evidence
To: Intake
Center**

Company:
Fax: 8445317818
Phone:
From:
Company:
Fax:
Phone:
Email:

WORKSOURCE Auburn
2707 S. NE Auburn, WA 98602

To: Dept VA Evidence Intake Center
Fax: 844-531-7818
Pages: 2
Subject: Intent to File
02/11/2024
☐ Urgent ☐ Review ☒ Please Reply ☒ Confidential

Comments:

VA Form 21-0966 Intent to File A Claim
for Compensation and/or Pension, or Survivors Pension and/or DIC

Notification for PUBLIC_AUBURN (on behalf of PUBLIC_AUBURN) on 2/11/2026 10:48:06 AM.