

# LIGHTNING LEGAL SERVICES, LLC

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**P.O. BOX 9132  
ALBANY, NY 12209**

**299 HAMILTON STREET  
ALBANY, NY 12210**

**PHONE 518-463-1049  
FAX 518-463-3681**

## FACSIMILE TRANSMISSION SHEET

- Ordered by: \_\_\_\_\_  
name of firm \_\_\_\_\_  
address \_\_\_\_\_
- Telephone # \_\_\_\_\_
- Fax # \_\_\_\_\_

### **UCC Copies:**

Debtor Name: \_\_\_\_\_

Secured Party: \_\_\_\_\_

Filing # \_\_\_\_\_

Filing Date \_\_\_\_\_

Please provide this on a

( ) Rush (24 hour) basis

( ) Routine basis

FEES may vary. Please call our office for fee confirmation