ROLLED AWAY PRODUCTIONS client revision list

PROJECT NAME:_____

Business Name:_____

Contact Person:_____

Revision # _____ Page #:_____of_____ Date:_____ RAP initial:_____

Cost:$_____

List all items client wants revisions on:

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Client Signature:_____ Date:_____

No further revisions needed, (initial):_____ Date:_____

Client Signature:_____