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| **Date of Apprehension** | **Name of Owner** | **Name of Business** | **ADDRESS** | **Business Permit Number** | **CITATION TICKET NUMBER** | **REPORTED BY** |
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WEEKLY COMMUNITY SMOKE FREE TASK FORCE REPORT

FOR THE PERIOD OF : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR TAGGING**