

**FACSIMILE FILING COVER PAGE**

**RECIPIENT INFORMATION:**

NAME OF COURT: CHILLICOTHE MUNICIPAL COURT

FAX NUMBER: 740-774-1101

**SENDING PARTY INFORMATION:**

NAME: \_\_\_\_\_

SUPREME COURT REGISTRATION NO. (If Applicable): \_\_\_\_\_

OFFICE/FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS (if available): \_\_\_\_\_

**CASE INFORMATION:**

TITLE OF THE CASE: \_\_\_\_\_

CASE NUMBER \* : \_\_\_\_\_

TITLE OF THE DOCUMENT: \_\_\_\_\_

JUDGE:       THOMAS E. BUNCH                       JOHN B. STREET  
(CHECK THE BOX OF THE PRESIDING JUDGE)

**FILING INFORMATION:**

DATE OF FAX TRANSMISSION: \_\_\_\_\_

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STATE HOW COSTS ARE BEING SUBMITTED (if applicable)

\_\_\_\_\_

\* If a case number has not been assigned, please state that fact in the space provided.