

FACSIMILE FILING COVER PAGE

FAIRBORN MUNICIPAL COURT

FAX: (937) 879-4422

SENDING PARTY INFORMATION:

NAME _____ OHIO REG NO. _____

OFFICE OR FIRM: _____

ADDRESS:

PHONE: _____ FAX _____

Email Address:

CASE INFORMATION:

CASE CAPTION: _____

CASE NO: _____

TITLE OF DOCUMENT BEING FILED:

COURT DATE SCHEDULED:

SPECIAL INSTRUCTIONS:

FILING INFORMATION:

DATE OF FAX TRANSMISSION:

NUMBER OF PAGES INCLUDING THIS COVER PAGE _____

OTHER _____
