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: JOHN B. STREET ☐ TONI L. EDDY (CHECK THE BOX OF THE PRESIDING JUDGE) FILING INFORMATION: DATE OF FAX TRANSMISSION:_____

STATE HOW COSTS ARE BEING SUBMITTED (if applicable)

NUMBER OF PAGES (including this page):______

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