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KETTERING MUNICIPAL COURT  
FAX NUMBER: 937-534-7017

**SENDING PARTY INFORMATION:**

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

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

ADDRESS:  
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TELEPHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

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

**CASE INFORMATION:**

CAPTION OF THE CASE:  
\_\_\_\_\_

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

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

COURT DATE (if applicable): \_\_\_\_\_

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