

VANDALIA MUNICIPAL COURT
Justice Center, 2nd Floor
245 James E. Bohanan Memorial Drive
P.O. Box 429
Vandalia, Ohio 45377
937-898-3996, Extension 2204

NOTIFICATION TO ATTORNEY FOR PLAINTIFF OR TO PLAINTIFF

FOR FAILURE OF SERVICE OF CERTIFIED MAIL TO THE DEFENDANT(S) IN THE FOLLOWING CASE:

DATE OF RETURN OF SERVICE: _____
CASE NUMBER: _____
PLAINTIFF: _____
DEFENDANT'S NAME: _____
DEFENDANT'S ADDRESS: _____
CITY, STATE, ZIP CODE: _____
2ND DEFENDANT'S NAME: _____
2ND DEFENDANT'S ADDRESS: _____
CITY, STATE, ZIP CODE: _____

REQUEST FOR ORDINARY MAIL

TO THE CLERK: VANDALIA MUNICIPAL COURT, CIVIL DIVISION

_____ CASE NO. _____

Plaintiff,

-vs-

Defendant.

I, _____, Plaintiff's Attorney in the above case do request that the certified envelope returned by the United States Postal Service marked **REFUSED UNCLAIMED** be sent Ordinary Mail to the address above with sufficient postage to be delivered by Ordinary Mail.

DATED THIS _____ DAY OF _____, 20_____.

ATTORNEY FOR PLAINTIFF