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NAME OF COURT: Perrysburg Municipal Court

FAX NUMBER: (419) 872-7905

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SUPREME COURT REGISTRATION NO. (if applicable): _____

OFFICE/FIRM: _____

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FAX NUMBER: _____

E-MAIL ADDRESS (if available): _____

CASE INFORMATION

TITLE OF THE CASE: _____

CASE NUMBER: _____

TITLE OF THE DOCUMENT: _____

JUDGE: _____

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