

AUTHORIZATION FOR A RELEASE OF GARNISHMENT

TO THE CLERK OF THE TIFFIN-FOSTORIA MUNICIPAL COURT

CASE NUMBER: _____ CV _____

_____ } **PLAINTIFF**

-vs-

_____ } **DEFENDANT**

Date Garnishment Filed: ____ \ ____ \ ____

SSN#: _____

TO THE CLERK:

PLEASE ISSUE A RELEASE OF GARNISHMENT ON THE FOLLOWING DEFENDANT,

GARNISHEE NAME: _____

NAME OF EMPLOYER/BANK _____

ADDRESS OF EMPLOYER/BANK

DATE: _____

Signed _____

Phone: _____

Title _____