



MARY L. SWAIN
BUTLER COUNTY CLERK OF COURTS

WAIVE SERVICE TO THIS INDIVIDUAL:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Today's Date: _____ Case No.: _____

Plaintiff: _____ -VS- Defendant: _____

REQUESTING ATTORNEY:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____