



STATE OF OHIO
OFFICE OF THE ATTORNEY GENERAL
COLLECTIONS ENFORCEMENT

Collections Enforcement Section

150 E. Gay St., 21st Fl.
 Columbus, OH 43215
 Telephone: (614) 466-8360
 www.ag.state.oh.us

REQUEST FOR PAYOFF INFORMATION [to be completed by realtor or title company]

TO: **COLLECTIONS ENFORCEMENT SECTION, ATTORNEY GENERAL OF OHIO**
FAX NO. 614-644-7106

FROM: _____ **(NAME)**
 _____ **(MAILING ADDRESS)**

FAX NO. _____

DATE: _____

CONSENT BY INDIVIDUAL(S):

I/we, _____, give the Attorney General of Ohio permission to release to _____: (1) information related to debts I/we owe the State of Ohio which have been certified to the Attorney General for collection; and (2) document(s) which effect a release of lien(s) related to those debts.

Signed: _____ Dated _____
 _____ Dated _____

CONSENT BY CORPORATION, PARTNERSHIP, OR OTHER BUSINESS ENTITY:

_____, by its _____, gives the Attorney General of Ohio (name of company) (title) permission to release to _____: (1) information related to debts it owes the State of Ohio which have been certified to the Attorney General for collection; and (2) document(s) which effect a release of lien(s) related to those debts.

Signed: _____ Dated _____

SEARCH CRITERIA

Full Name(s) of Debtor(s) _____
 dba(s), fka(s), etc. _____

Current Mailing Address _____ Property Address _____
 City, State, Zip _____ City, State, Zip _____

Current Telephone Number(s): _____

Tax ID & Social Security Number(s): _____

Assessment Serial Number(s): _____

BWC Risk/Policy Number(s) _____

Additional information which might facilitate the search [note: attaching copies of recorded liens or a summary of the title search is helpful but not required]:

RESPONSE TO REQUEST FOR PAYOFF INFORMATION
[top portion to be completed by realtor or title company]

TO: _____ (NAME)
_____ (MAILING ADDRESS)

FAX NO. _____

FROM: **COLLECTIONS ENFORCEMENT SECTION, ATTORNEY GENERAL OF OHIO**

RE: **Name(s) of debtor(s):** _____

Tax ID & SSN(s): _____

Risk No(s): _____

[this portion to be completed by Collections Enforcement Section]

We have conducted a search of our records based on the search criteria provided. As set forth below, we have located liened and unliened debts certified to the Attorney General for collection. Please be advised that : (1) praecipes issued to the clerk on pending liens may be filed by the time of closing; (2) any currently unliened debts may be liened by the time of closing; and (3) additional certified and uncertified debts may exist which were not located during our search.

Payoff Balance of Filed Lien(s) \$ _____ (see attached detail)

Payoff Balance of Lien(s) Issued (but not yet filed per our records) \$ _____ (see attached detail)

Payoff Balance of Unliened Debts \$ _____ (see attached detail)

Total \$ _____

Payoff Good Thru ___/___/___

Date of Search ___/___/___

Search conducted by: _____

Make check payable to Attorney General of Ohio and send to Collections Enforcement Section, Attn. Payoff Staff, 150 East Gay St., 21st Floor, Columbus, Ohio 43215. All tax identification numbers and risk numbers noted on the attached detail must accompany the payment to ensure that the correct accounts are credited.

The current balance due is available for viewing at <http://www.ag.state.oh.us/> Account and CRN numbers from the Attorney General letter are needed to access the information. If an account is assigned to special counsel attorneys, additional fees may apply.

Name(s) of Debtor(s): _____

DETAIL: PAYOFF BALANCE OF FILED LIEN(S)

Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____

SUBTOTAL \$

DETAIL: PAYOFF BALANCE OF LIEN(S) ISSUED (BUT NOT YET FILED PER OUR RECORDS)

Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____

SUBTOTAL \$

Note: Release(s) will be issued within 10 days after we receive payment in full for the lien(s) and we receive from the Clerk/Recorders Office the recording references needed to prepare the release(s).

DETAIL OF PAYOFF BALANCE OF UNLIENED DEBTS

Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____
Reference Number	_____	Amount	_____

SUBTOTAL \$

TOTAL \$

Make check payable to "Attorney General of Ohio" and send to Collections Enforcement Section, Attn. Payoff Staff, 150 East Gay St., Columbus, Ohio 43215.

The current balance due is available for viewing at <http://www.ag.state.oh.us>. Account and CRN numbers from the Attorney General letter are needed to access the information. If an account is assigned to special counsel attorneys, additional fees may apply.

Indicate which debts on this sheet are being paid and attach a copy of this sheet to the payment to ensure that the correct accounts are credited.

Good Thru ____/____/____

Date of Search ____/____/____

Search conducted by:
