

FAIRBORN MUNICIPAL COURT
TEXTING RELEASE FORM
PLEASE PRINT CLEARLY

CASE # _____

LAST NAME: _____ FIRST NAME: _____ Sr.: _____ Jr.: _____

STREET ADDRESS: _____ APT #: _____

CITY _____ STATE: _____ ZIP CODE _____

PREFERRED CELL NUMBER: _____

MAY WE SEND TEXT MESSAGES TO YOU AT THIS NUMBER YES

- IF YOUR CONTACT INFORMATION CHANGES, IT IS YOUR RESPONSIBILITY TO COMPLETE A NEW FORM IF YOU WISH TO CONTINUE TO RECEIVE TEXT MESSAGES.
- THIS CONSENT FORM IS FOR THIS CASE.
- If you have additional cases, you will need to complete an additional form.

YOU MAY RECEIVE TEXT MESSAGES FOR THE FOLLOWING:

COURT HEARINGS
PROBATION REPORTING

I UNDERSTAND STANDARD MESSAGE AND DATA CHARGES FROM MY CELL CARRIER MAY APPLY WHEN RECEIVING TEXT MESSAGES. BY SIGNING BELOW, I ACKNOWLEDGE FAIRBORN MUNICIPAL COURT MAY SEND TEXT MESSAGES TO MY CELLPHONE FOR NOTIFICATION OF COURT HEARINGS, PAYMENT REMINDERS, OR PROBATION APPOINTMENTS.

SIGNATURE _____

DATE: _____